April, 1956

Canadian Hospital

- *A symposium*
  "Nursing Education and Service"
- *Ottawa Civic education building*
- *Holy Family school and residence*
- *Clerical duties can be delegated*
- *Planning for National Hospital Day*

Canadian Hospital Association

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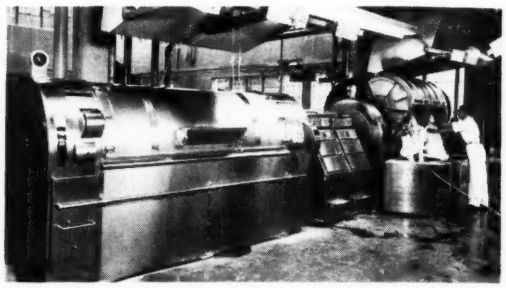

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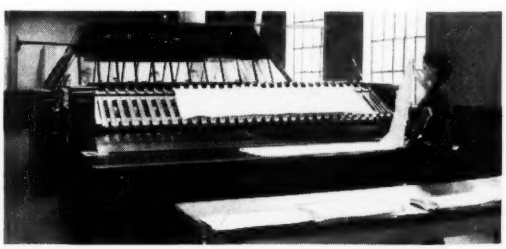

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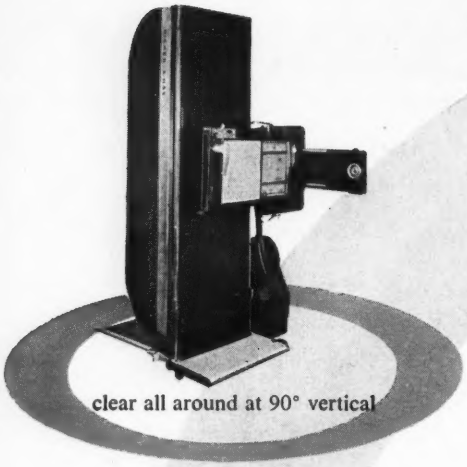

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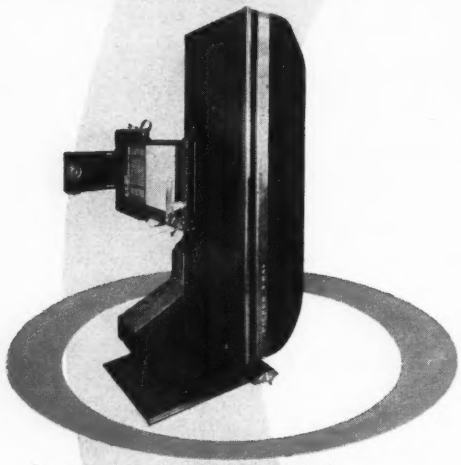

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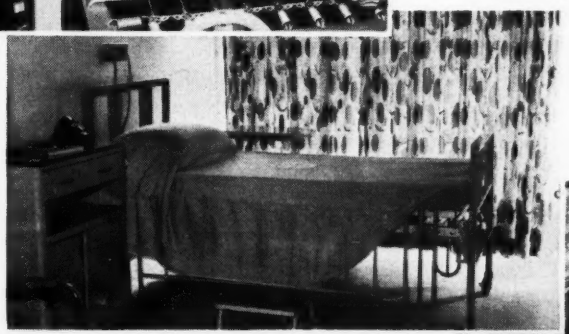

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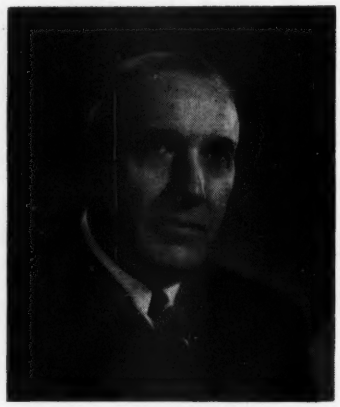
Notes About People

A. J. Swanson, a director Canadian Hospital Association

(This is the tenth in a series of biographical notes, introducing officers and directors of the Canadian Hospital Association for 1955-57.)



A. J. Swanson

Introducing A. J. Swanson to any hospital group in Canada, or even the United States, is much like carrying coals to Newcastle. He has served on so many committees and held so many offices in hospital organizations at the local, provincial, national, and international levels, that a complete listing would require more space than can be provided in this present series.

He is a past president of the Canadian Hospital Association, having served for two terms as president (1945-1949), a past president of the Ontario Hospital Association (1937-1938) and has been executive secretary treasurer of the O.H.A. since 1951. Mr. Swanson has also been a member of the House of Delegates of the American Hospital Association, a first vice-president and a member of its Board of Trustees. He is a charter fellow of the American College of Hospital Administrators and is now its president-elect. In 1954 he was the recipient of the George Findlay Stephens Memorial Award.

Following overseas service in World War 1, Mr. Swanson was purchasing agent in the Department of Soldiers' Civil Re-establishment, Ottawa. He joined the Toronto Western Hospital in 1925 as purchasing agent, in 1927 he became assistant superintendent, and in 1930 was appointed general superintendent.

Of the many attributes which mark him as a recognized hospital leader, only three will be mentioned. Forthright in his speech, Mr. Swanson is seldom reticent in expressing his views. On the other hand he is a good listener and will change his viewpoint if the facts presented are logical and convincing. A believer in the team concept of administration, he has surrounded himself with excellent departmental heads and a widely known feature of the administration of the Toronto Western Hospital, under his guidance, is that groups from other hospitals are always welcome. Many come and all receive help. In addition he has been for years a counsellor and friend to young hospital administrators. Many refer to him warmly as "Mr. Hospital".

A. J. Swanson believes in the biblical directive of casting one's bread upon the water, even to the extent that his friends and associates marvel how he finds the time and vitality to undertake everything he does. He has been interested keenly in Blue Cross since its inception and was a member of the provisional directorate when the charter for the Ontario Plan for Hospital Care was formulated and he still gives much time to guiding the destinies of an organization which has over two million subscribers.

• • • •

Administrative Changes in British Columbia

Arthur Rutherford, formerly administrator of Ocean Falls General Hospital, Ocean Falls, B.C., and more recently of Mission Memorial Hospital, Mission, B.C., has resigned from the latter post to become administrator of Prince Rupert General Hospital, Prince Rupert. In his new position, he succeeds Douglas C. Stevenson who had served that hospital for the past 14 years. He was engaged as accountant in 1942 and in 1947 became administrator.

Mr. Stevenson has accepted the post of administrator at Trail-Tadanac Hospital, Trail, B.C. Vera B. Eidt, who has long held the latter position, becomes special assistant to the administrator and director of nursing. Both Mr. Rutherford and Mr. Stevenson are graduates of the extension course in hospital organization and management which is sponsored by the Canadian Hospital Association.

• • • •

Dr. Jean Laurier Resigns as Field Surveyor

A field representative associated with the accreditation program in Canada since 1954, Dr. Jean Jacques Laurier has tendered his resignation to the Canadian Commission on Hospital Accreditation. Increased responsibilities and a greater demand on his time as the assistant medical director of Hôpital du Sacré-Coeur, Montreal, made this action necessary. Dr. Laurier's work has been greatly appreciated and he will be missed by the many friends he made while so creditably representing and upholding the requirements of accreditation and good patient care.

• • • •

Dr. Marcel Langlois Appointed

Succeeding Dr. Laurier, Dr. Marcel Langlois was appointed a representative of the Canadian Commission on Hospital Accreditation, effective April 1. A graduate of Laval University in arts and medicine, Dr. Langlois is certified in paediatrics by the Royal College of Physicians of Canada and is medical director of Hôpital Saint François d'Assise in Quebec. Among the positions he has held are: head of the paediatrics service, Hôpital du Saint Sacrément, Quebec; professor of paediatrics, Laval University and Ottawa University; and assistant director, Directorate of Health Insurance Studies, Department of National Health and Welfare, Ottawa.

The member organizations of the Canadian Commission are very fortunate to have secured the services of a field representative with the knowledge of hospital administration and the diversified professional experience which Dr. Langlois has. All those who are interested in and associated with the hospital accreditation program are pleased to welcome Dr. Langlois to his new field of activity, with the assurance that he will make a most helpful contribution to this work.

• • • •

George T. Potvin Promoted

Having served for four years as comptroller of the Misericordia Hospital in Winnipeg, George T. Potvin has been promoted to the position of assistant administrator. Mr. Potvin has had extensive experience in accounting and auditing and has recently completed the extension course in hos-

(Continued on page 16)

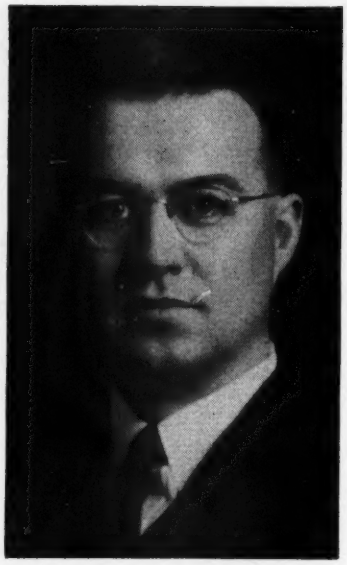
pital organization and management which is sponsored by the Canadian Hospital Association.

• • • •

Dr. L. O. Bradley Appointed to Winnipeg General

The board of directors of the Winnipeg General Hospital has announced the appointment of Dr. L. O. Bradley of Calgary, to the post of administrator of that hospital, effective September 1st. Dr. Bradley, currently administrator of the Calgary General Hospital, Calgary Alta., will take over his new position upon the retirement of Dr. Harry Coppinger who has been administrator of the Winnipeg General for some sixteen years and has guided its administration during a period of continuous expansion as a teaching centre.

Dr. Bradley attended the University of Alberta and was graduated in medicine in 1938. Following a residency in paediatrics in Minneapolis, he served for over five years with the Royal Canadian Air Force. Dr. Bradley attended the School of Business Administration in Chicago in 1946-47, after which he was appointed associate professor of hospital administration, University of Toronto, to assist in establishing the School of Hospital Administration there. He was director of studies, Ontario Health Survey Committee, 1948 to 1950; executive director of the Canadian Hospital Association, as well as editor of this journal, 1950-1952; after which he assumed his present position at Calgary. Dr. Bradley is a Fellow of the American College of Hospital Administrators.



L. O. Bradley, M.D.

• Sister Beatrice Jodoin who has been with St. Anthony's Hospital, The Pas, Man., for the past 12 years, as admitting officer and accountant, and who made many friends in the north country, has been transferred to Hôtel-Dieu, St. Hyacinthe, P.Q.

• At Carman, Manitoba, Archie Hardy was re-elected chairman of the board of Carman Memorial Hospital.

• Leonard Lockhart has been re-appointed chairman of the board of governors of Moncton Hospital, Moncton, N.B., for another three-year term.

• A. T. Smith, Sr., of North Bay, has been re-elected president of St. Joseph's Hospital advisory board for 1956.

• C. K. Wright, formerly accountant and office manager at the Oshawa General Hospital, Oshawa, Ont., has been promoted to the post of business manager.

• A. G. Browne, C.P.A., who has been chief accountant at Victoria Hospital,

(Concluded on page 24)

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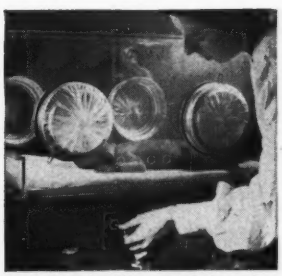

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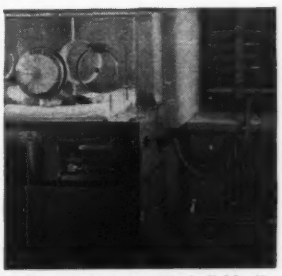

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Notes About People

(Concluded from page 16)

London, Ont., has resigned to assume new duties as officer manager of Sudbury Memorial Hospital, Sudbury, Ont. John Adams C.A., has been appointed to replace Mr. Browne at Victoria Hospital.

- Slade C. Nix, formerly personnel manager at Victoria Hospital, London, Ontario, has accepted a similar post at Beck Memorial Sanatorium in the same city.
- L. J. H. Campbell, who for some years has been chief accountant at Toronto General Hospital, Toronto, Ont., was recently appointed comptroller.

Montreal Hospital Council Holds Annual Meeting

The annual meeting of the Montreal Hospital Council was held on March 22nd at the St. Denis Club, Montreal, with some 90 administrators, chairmen of boards and medical staff members in attendance. The business session was followed by dinner at which Leon Lortie, director of the extension department of the University of Montreal addressed the gathering on the subject "Conditions of a Canadian Culture".

In addition to receiving reports of the president, treasurer and committee chairmen, the delegates unanimously adopted the following resolution: "that the Montreal Hospital Council and the Executive Committee take the necessary measures immediately to form and organize an association of the hospitals of the Province of Quebec, or a federation of existing associations; that a plan be immediately drawn up to this effect and that steps be taken in order to realize the object of the plan without delay."

J. H. Roy, Superintendent of Hôpital Saint-Luc was re-elected president of the Council, a position he has held for many years. Other officers elected for 1956-57 are: Honorary President, Hon. J. H. A. Paquette, M.D.; First Vice-President, J. Gilbert Turner, M.D.; 2nd Vice-President, Paul Bourgeois, M.D.; Treasurer, A. H. Westbury; Secretary, S. S. Cohen; Executive Members at Large, J. E. Mercille, M.D. and C. K. Palin.

A man never knows what he can do until he tries to undo what he has done. — *Frances Rodman.*

As we go to press

The Oxford University Press, Toronto, has just released a book awaited with interest by many hospital people. It is *The Administration of Health Insurance in Canada* by Malcolm G. Taylor. A native of Alberta, Dr. Taylor received his Ph.D. degree from the University of California and is now on the staff of the Department of Political Economy at the University of Toronto. Prior to his present post, he was for three years director of research for the Saskatchewan Health Services Planning Commission and has acted as consultant in health insurance to the governments of other provinces. Publication of this volume is most timely because its subject is of immediate concern to all people in the health field and to the public at large. A review will appear in a later issue of this journal.

W. Douglas Piercey, M.D., Editor

The Canadian Hospital

Obiter Dicta

Ladies to the Fore

WHILE THIS issue was not planned originally to feature female authors, almost exclusively, that is the way it has developed. The symposium on trends in nursing education and service was presented at the 1955 biennial meeting of the Canadian Hospital Association and comprised one of the outstanding educational sessions. We have received many requests from delegates, alternates, and others who were in attendance for copies of these addresses. An introduction by M. Pearl Stiver, General Secretary, Canadian Nurses' Association, who acted as chairman of the panel, precedes a series of four papers on: training the nursing assistant; the head nurse study; an experiment in nursing education at Atkinson School of Nursing, Toronto Western Hospital; and the centralized teaching program for nurses in Saskatchewan. Also featured are articles on two nursing education buildings and an article on the ward secretary.

Following up the introduction of presidents of hospital associations across Canada, published last month, we are introducing on page 41 the presidents of the Catholic Conferences. The announcement that Mother Ignatius will be the recipient of the George Findlay Stephens Memorial Award in May appears on page 33 and, as this is the first time that the award has been made to a woman, we are indeed happy that the news can be released in this issue.

With women so much to the fore, some of our readers may wonder how the public relations director of the Ontario Hospital Association — a mere male — managed an article in this particular issue. It was not simply that the editor wanted company but that National Hospital Day is just around the corner; and it was felt that a report on how the O.H.A. assists its member hospitals to plan for that special day would be welcomed by hospital people in other provinces.

The Patient is Human

MUCH HAS been said regarding the hospital as a community institution, the need to ensure that its work is understood and that it be an integral part of society. This has led to an awareness of the value of good public relations and today many hospitals have positive programs in force. Much of the recent emphasis on public relations has stemmed from increasing financial costs and the need to win broad community support.

Today, because of this preoccupation with budgets and finance, it is essential to re-emphasize the human aspects of hospital activity. Regardless of how often it is stated that the patient occupies the central position in the institution's activity, we need to examine the hospital constantly from the point of view of the patient — to see ourselves as we appear to him. If you suggest to the average hospital worker that the patient is not centremost in the thoughts of everyone concerned, the statement undoubtedly will be challenged. Yet much takes place in the daily routine of the average hospital patient which leaves him uneasy, unhappy and at times resentful. For the most part we ourselves are so busy carrying out "the routine" which has become so much our way of running the institution and which to us seems quite normal that we fail to realize how all this hustle and bustle reacts on the patient.

This does not imply that the lot of the patient has not improved over the years. At the turn of the century it was difficult to persuade patients to enter hospital and there was good reason for the fear people had. Thanks to a progressive medical science which has given the modern hospital great technical advances in diagnosis and treatment, higher standards in nursing education and nursing service, treatment has improved greatly. While we should be proud of the increased safety available to patients today, we should not be complacent. The fact remains that there is a danger of our attitude toward the patient becoming stereotyped. More and more the patient has become a set of organs and systems to be investigated and a robot to be placed on a ward routine — which to him at least appears designed more for the convenience of the staff than for his own therapy.

The average administrator receives more complimentary letters about service than he does criticisms. The ratio may possibly be so favourable that it lulls him into a false sense of security and a feeling that people who write letters of criticism are unreasonable. It is a natural human failing to want to defend anything with which we are personally associated; when a patient complains we are on the defensive. We label the patient immediately as a crab or forget the complaint in a maze of more pressing problems.

The hospital of today, engrossed in being a very active diagnostic and therapeutic centre has overlooked largely one of its most important functions, that of reassuring

patients. We must recognize that patients need a maximum of sympathy and understanding. The average patient is full of fears. If it is not the basic fear as to recovery, it is a lot of little fears, most of which could be dispelled if someone would take the time to talk quietly with him.

Hospital people are as sympathetic and understanding as any group that can be found in the community. However, the average hospital ward is such a busy place, with many people coming and going, that little or no time is left for patient and staff to get together. He has little or no opportunity of unburdening himself. If the chance is presented, he frequently is afraid to talk for fear of being misunderstood or resented.

What the average hospital needs most today is a realization by senior administrators that patients are people. If the administration is imbued with this attitude, then a persistent effort will be made to ensure that all personnel catch the vision as well. The operation of a hospital requires much more than a sound knowledge of business and finance. The successful administrator, in the true sense, does not judge his work on the basis of improved figures in the ledger, but takes time to ascertain the needs of his patients, physically, mentally, and spiritually. Being alive to this responsibility he will find that in this sphere lies his biggest challenge — of creating and maintaining an organization where the patient remains the primary consideration — first and always.

Chain Reaction

THE TERM "chain reaction" is becoming very common as it is part of the language of the atomic age. Much earlier, however, the effects of chain reactions, in a different sense, were well known, as they are also strong forces psychologically. Thus the character of one individual can gradually infiltrate an institution and affect the whole organization.

Professor H. W. C. Vines in the June 1953 issue of *The Hospital*, the official journal of the Institute of Hospital Administrators of Great Britain, said, "It is increasingly borne in on me that the function and even the structure of the hospital is in the end the expression of the policies of its administration". If we believe this statement is true it is easy to understand how important any action of the administrator becomes. For example, if he breaks his own rules, employees will do likewise. If the head of the institution is tactless with visitors he cannot blame the receptionist if she adopts the same conduct.

Whether we like it or not staffs take their cue in attitude and deportment from their superiors. This being so, what an opportunity for a favourable chain reaction there is in your institution, if you are courteous, pleasant and friendly with people. If you are not inclined to believe this is possible why not try a little experiment. It will cost nothing to verify and you will be surprised at the results.

Hospital Zone — Quiet Please!

A LEADING hospital authority recently remarked that a real challenge facing management today is to find adequate methods of eliminating noise within the institution. From the outside one could readily gain the impression that the hospital is a very quiet place. On nearby streets are numerous signs in bold letters indicating that the area is a hospital zone. Motorists and pedestrians are both admonished to be very quiet. Such signs lead the uninitiated to believe that inside the hospital everyone is moving on tip-toe and speaking in subdued tones in order that the patients, all seriously ill, will have the maximum therapeutic benefit of complete rest and quiet.

From the inside, however, the situation may seem quite different; and, on occasion, a noise-meter could register higher in the corridor than on the thoroughfare outside. Indeed it is often just as congested. In addition to staff of many categories, the diversity of mechanical contraptions that can be found traversing an average hospital corridor is quite amazing.

The level of noise in the hospital is sometimes accentuated by faulty design as a result of poor planning or by inferior building maintenance. Sometimes all that is required is the will to use such a simple yet effective gadget as the common oil-can. Every housewife knows its value and keeps one handy but in the average hospital it is a scarce article — outside the power house.

Let us strive to see that hospitals being designed now and in the future have incorporated in their structure every possible means of absorbing noise. Much can be eliminated by proper attention to floors, walls, ceilings, doors, and gates. What is needed most, however, is an active campaign among all staff members to make them noise conscious. With their support, any hospital can become a quiet place to the benefit of both patients and staff.

National Hospital Insurance Moving a Step Closer to Reality

DURING the past few weeks we have been asked repeatedly: "What do Canadian hospitals think of national hospital insurance?" It would be very fine if one could give a simple answer to this question. However, when one realizes that there are over 800 general hospitals in Canada, varying in size and location, I think it is too much to expect that anyone can say what all hospitals think on any matter. The person who puts the question also implies that a hospital speaks with a united voice. Hospitals, however, are made up of people — trustees, administrators, medical staff, nursing staff, and many others. In a hospital there will be many opinions and it does not necessarily follow that what one group thinks is the opinion of other groups.

On the other hand, hospital people have had an ample opportunity to develop their thinking on the question of hospital insurance because official pronouncements by members of the federal government have been made on the subject over many years. Moreover, hospitals, through their provincial and national associations, have expressed their opinions on the subject on several occasions. The Canadian Hospital Association presented a brief on health insurance to a special committee on social security of the House of Commons in April, 1943. This brief was generally in favour of the principle of health insurance.

Hospitals exist to serve the people of their communities. There is no other reason for building or operating a hospital. If the people of Canada consider that national hospital insurance is what they require, then why should there be objections raised by hospitals? When it comes to the matter of discussing details of any particular scheme, the hospitals naturally want to be consulted. Heretofore and at present they are being consulted, both provincially and at the national level. Hospitals, through their associations, believe they can offer assistance and suggestions and welcome the opportunity to be of any service.

While the federal government is prepared to assist the provinces financially with hospital insurance under certain terms and conditions, the inauguration of a governmental hospital insurance plan is a provincial matter. At the recent meeting in Ottawa the provinces were told on

To Receive

Stephens Memorial Award

THE George Findlay Stephens Memorial Award will be conferred upon Mother Ignatius of the Sisters of St. Martha, Antigonish, N.S., at the forthcoming meeting of the Maritime Hospital Association to be held in St. Andrews, N.B., May 29th to 31st. This announcement has been made by Dr. J. Gilbert Turner, President of the Canadian Hospital Association, on behalf of the board of directors. The award, established in memory of the late Dr. George Stephens, is bestowed in recognition of noteworthy service in the hospital field in Canada, and Mother Ignatius is the first woman to be so honoured.

Mother M. Ignatius, R.N., LL.D., F.A.C.H.A., Superior General of the Sisters of St. Martha, is a graduate of St. Martha's School of Nursing, Antigonish, N.S. Since her graduation in 1915, there has been tremendous progress in the hospital field throughout the length and breadth of Canada; and in a number of these progressive movements Mother Ignatius has been an active participant and enthusiastic worker. Even today after 40 years of strenuous activities as foundress of hospitals and schools of nursing, as administrator, builder and organizer, her zeal and enthusiasm remain unabated.

As early as 1921, while administrator of St. Joseph's Hospital, Glace Bay, N.S., Mother Ignatius was successful in having that hospital meet the standards of the American College of Surgeons in their first survey of hospitals in eastern Canada. Such standardization was all the more commendable at a time when very few hospitals, even in larger centres, were able to meet the standards.

The Maritime Conference of the Catholic Hospital Association, the first of its kind in Canada for religious engaged in hospital work, owes its organization in a large measure to her initiative. In addition, she was prime mover in the formation of the Nova Scotia and Prince Edward Island Hospital Association, which later became the Maritime Hospital Association, and was the chief organizer of the extensive exhibits which contribute financially towards the association. Mother Ignatius also participated in the formation of the health plan known as the Maritime Hospital Service Association. This service has helped patients in the Maritimes during the past ten years to meet hospital bills amounting to a total sum of over 20 million dollars. She also supported the formation of the Canadian Hospital Council (now known as the Canadian Hospital Association) and she has served on its board of directors since 1949.

In a word, Mother Ignatius has given unstintingly and unselfishly of her time and energy toward the progress of every phase of hospital activity and to other movements which have been launched for the spiritual and social welfare of our people. In recognition of these services, St. Francis Xavier University of Antigonish conferred upon her the honorary degree of doctor of laws in 1950.

History of Award

Dr. George Findlay Stephens died in April, 1948, after a lifetime of service to Canadian hospitals. During his career he administered two of Canada's leading hospitals, the Winnipeg General and the Royal Victoria in Montreal. In 1932-33 he was president of the American Hospital Association, the first of two Canadians to be so honoured. He was a charter member of the American College of Hospital Administrators. For six years, from 1939 to 1945, Dr. Stephens was president of the Canadian Hospital Association, then the Canadian Hospital Council. During these years extensive demands were made upon him, particularly in solving the many problems created by World War II. He was regarded as one of the outstanding authorities on hospital administration on the North American continent. In 1946, the American Hospital Association award of merit for exceptional service was conferred upon Dr. Stephens.

Rev. Mother Ignatius

An early advocate of the Blue Cross system of prepaid hospital care, Dr. Stephens was one of the group who launched the plan in Manitoba and, on going to Montreal, did much to stimulate the final organization and setting up of the Quebec plan.

Recipients of the award since its inception: the late Dr. A. K. Haywood, Vancouver; the late Dr. Fred W. Routley, Toronto; Dr. A. Lorne C. Gilday, Montreal; Dr. Andrew F. Anderson, Edmonton; Dr. G. Harvey Agnew, Toronto; A. J. Swanson, Toronto; and Percy Ward of Vancouver.

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what basis the federal government would participate and it can be assumed that each provincial government is at present giving careful consideration to all aspects of hospital insurance. When any six provinces representing a majority of the population of Canada signify that they are prepared to inaugurate hospital insurance, then a national plan will become operative. Naturally, each provincial plan must be acceptable federally but there will be variations. Therefore, we may have ten hospital insurance schemes operating in Canada which differ considerably.

Many hospitals are wondeirng how national hospital insurance will affect them and certainly the answer to the question is not simple. Among the matters which individual hospitals should investigate are the methods which will be used in determining accurate public ward costs, standardized accounting procedures, and possible exclusions in payments to hospitals. The probability of excluding depreciation on buildings and interest on capital debts concerns many hospitals. Teaching hospitals will want to know about reimbursement for training programs and research. Because these and many more questions can be raised, it is essential that hospital associations and conferences watch closely developments in their own provinces.

a symposium

Nursing education and service

experimentation and research aimed at more and better nursing service

(This series of four articles is from addresses presented at the biennial meeting of the Canadian Hospital Association, Ottawa, May, 1955. The following is from the introductory remarks of M. Pearl Stiver, general secretary, Canadian Nurses' Association, who presided over the panel.)

PLANNING for nursing education, for improvement of nursing service, searching for ways of making the best use of all our resources and giving the best possible care to our patients, are not new. These are problems with which we have all been concerned for many decades. In more recent years, however, with the rapid expansion of hospitals and health programs, with the advancement of medical science, and the shortage of personnel of the healing arts, all placing new and varied duties on the nurse, the shortage of nurses and the need for better utilization of existing personnel have taken on new significance. Accordingly research and experimentation have been employed to find a better way of doing what we are confident was already a good job.

In thinking of new and revised programs, we pay tribute to those who have made nursing in Canada what it is today: nurses, doctors, hospital personnel, and our patients.

With the war years came many demands for nurses. Not only were nurses needed in the armed services (Canada had 5,070 nurses on active duty), but as well there was a greater call from other fields. Industry, particularly war industrial plants, increased and brought demand for all types of workers, including nurses. Sickness insurance programs brought many more patients to hospitals than otherwise would have been admitted. All these activities brought need for more and more nurses.

Since enough additional nurses could not be found, those responsible for providing health services in the community sought ways of providing the available nurse with an extra pair of hands. This led to the training programs for nursing assistants, (see page 35).

Having been provided with this extra pair of hands, it was necessary for the nurse to look at the various duties which she was performing and decide which could be delegated to another. Finding that some of the work of the staff nurse could be done by a less skilled person and realizing, also, that one of the very important persons in the hospital nursing program is the head nurse, attention was focussed on her. Questions concerning the duties of the head nurse crowded the minds of those responsible for providing nursing service and of leaders in the Canadian Nurses' Association. With the assistance of the Department of National Health and Welfare, research division, a study of the functions of the head nurse was undertaken. Through the co-operation of the hospital administrator and the director of nursing, it was possible to carry out this study in the Ottawa Civic Hospital (see page 36).

In our search for more efficient use of nurses, the educational programs for registered nurses have also been studied. The evaluation of the report on the Metropolitan Demonstration School of Nursing* at Windsor was received with much interest not only in Canada but also in countries around the world. Believing that only through sound programs for nursing education would a high standard of nursing service be ensured, the Canadian Nurses' Association also outlined policies regarding education. These policies were—and are—presented as guides for the assistance of those responsible for the organization of educational programs. A more recent research project is the Atkinson School of Nursing at Toronto Western Hospital, Toronto, Ont. (see page 38).

Canada is a vast country. In some hospitals it may be possible to reorganize the whole nursing education program and set up a new school as has been done at the Toronto Western. In others, because of lack of personnel or money, it may not be possible. Then there are other schools where provision of all the desirable facilities is difficult. In these situations, combined efforts are more effective than separate and individual ones.

In the province of Saskatchewan an endeavour has been made to pool resources by means of a centralized teaching program which is provided in two centres at Regina and Saskatoon (see page 39).

**Sponsored by the Canadian Nurses' Association and financed by the Canadian Red Cross Society and the Ontario Department of Health through a federal-provincial grant.*

1. An extra pair of hands

Marjorie Russell,
Nursing Consultant,
Department of Veterans Affairs,
Ottawa.

AUXILIARY nursing workers for the care of the sick have been employed for many years in hospitals and homes. This group has generally been made up of those with varying degrees of preparation and experience, including some who have had short courses in elementary nursing, some who have had courses in home nursing, and some who have trained on the job for the job.

The nursing assistant — and practical nurse, as she is also known—is a comparatively new member of the community. Recognition of the need for such trained persons became increasingly apparent during and after the war years and it was during this time that schools for the training of nursing assistants came into being in Canada.

In 1940 the Registered Nurses' Association of Ontario saw the need for a well-organized training program and they sponsored demonstration courses for the training of this worker from 1941 to 1945. There were eight courses in all, of six months' duration.

Having proved the value of this course and the ability of this worker to fill a community need, the courses were then discontinued. Shortly after this, Canadian Vocational Training* sponsored courses for ex-service women and, following that, the Ontario Department of Health assumed the leadership in organizing a course and certifying graduate nursing assistants. About the same time courses were also underway in several other provinces: New Brunswick, Manitoba, Alberta, and Saskatchewan. These courses were variously sponsored by the Canadian Vocational Training, and departments of education and of health. Since that time courses have also commenced in Nova Scotia, Quebec and British Columbia.

In 1950 Dorothy Percy, Chief Nursing Consultant for the Department of National Health and Welfare, made a survey of training courses across the country. This survey showed a considerable amount of variation in the length, content, and practical experience in the training of this person. The findings of this survey were made available to The Canadian Nurses' Association at that time, which association also had developed a possible curriculum for the training of the nursing assistant in 1944. At this time the Canadian Nurses' Association appointed a working committee to study methods of training and utilizing the nursing assistant, and a report was prepared with recommendations, outlining a training program.

In 1952 the Department of Veterans Affairs, with financial assistance from the civil defence division of the Department of National Health and Welfare, opened a school in Toronto. Following that, in the same year a second school was established in Montreal and in 1953 another in Halifax. This department also participated in already established programs in Alberta and British Columbia by providing a practical field in the Colonel Belcher Hospital in Calgary and the Shaugnessy Hospital in Vancouver. The department is carrying on the three original schools but has discontinued the affiliation program in the West.

In 1954 several hospitals in Ontario either modified or extended the courses that they were already giving for auxiliary people in order to meet the requirements for certification. And in the fall of 1954 the Royal Canadian Army Medical Corps commenced a course for the training of nursing assistants under the approved program.

Now, it has been said that a nursing assistant is a person who has graduated from an approved school for nursing assistants and who in a hospital assists with the care of selected patients, under the direction and supervision of a registered nurse. In homes she may work under the direction of a physician where the patient is not acutely ill or under nursing direction as provided by The Victorian Order of Nurses and departments of health.

The general philosophy contributing to the development of these schools was the fact that there were not enough nurses available to provide all the nursing needs of the community and the recognition that a great deal of care for sub-acute, convalescent, and chronically ill patients may be provided on an extremely satisfactory basis by a person who has had a satisfactory standard of training.

Curriculum

It was felt that in a certain length of time with a properly constructed curriculum — probably 9 to 12 months in length — and with a well-organized teaching practice field, the auxiliary worker could be very competently taught. The curriculum was set up to cover elementary understanding of the human body and its functions, health and personal hygiene, the preparation, choice and cooking of food, the care of infants and young children, care of the aged, and nursing, of course, as well as first aid — and emergency nursing. In the Department of Veterans Affairs schools and, in several others, the training for emergency nursing as outlined by the civil defence department has been incorporated into the basic curriculum.

The courses in the provinces vary in length from ten months to one year, and it is possible that the time may be further increased. The admission requirements are Grade VIII to Grade X. The first three to four months are usually spent in teaching in a classroom and nursing practice and some integrated practice in the field, if it is closely available. The latter part of the program is then used for practical experience in hospitals. I believe, in the case of most centres where the schools are in operation, the practical training is given in the hospitals of the vicinity. That makes it much easier to govern the program and keep track of the students.

At least four provinces provide some form of legislation for nursing assistants and it is hoped that eventually all communities as well as the nursing assistant herself may receive this protection. Graduates from this training program are employed in hospitals for the chronically ill, the mentally ill, sanatoria, and general hospitals, and by far the greater number are employed in general hospitals. A few are employed in homes, a few with the Victorian Order of Nurses and a few in the departments of public health.

I believe the nursing assistant has come to stay. She is proving her value in the community. She is in great demand by hospitals. I believe that where she has been introduced she is a welcome member and a valuable member of the nursing services. The scope and limitations of the nursing assistant should be fully understood in the community. The criteria for deciding the amount and type of care she may give is primarily the patient's condition and the type of

(Concluded on page 96)

An organization sponsored by the federal department of labour and provincial departments of health.

2. What should the head nurse do?

Edith Young,
Director of Nursing,
Ottawa Civic Hospital,
Ottawa.

THE HEAD nurse in a general hospital was selected as the subject of a study at the Ottawa Civic Hospital* because, first, more than half of the employed graduate nurses are in hospitals, the majority in general hospitals, and the number is increasing; and, secondly, because the head nurse is a key person in the hospital.

The stated purposes of the study were to determine: what the head nurse does, how frequently she carries out various activities, what proportion of her time is spent in the various types of activities; and whether she is performing any function of which she could be relieved.

It was hoped that as a result of the study it would be possible to suggest a re-allocation of functions to achieve greater efficiency. The study was also intended to be a pilot project in the sense of developing and demonstrating a suitable methodology for the investigation of nursing functions in hospitals.

The Ottawa Civic Hospital was selected because it is a large general hospital conveniently located and generally suited for the study.

The main study is a time analysis of head nurse activities, taking into account factors such as the place where the activity occurred, persons with whom the head nurse was carrying on the activity, equipment and supplies, particularly as related to paper work and the procedures involved.

No provision was made for the study of the following: forms, records, reports, staff, personnel records, location studies, information from the provincial health department, survey forms and annual reports. There was a great deal of detail in the preparation of this study. If you want to know how it affected the nursing department you might be interested in reading an article in *The Canadian Nurse,* December, 1952, under the title "Impact of this Survey on the Hospital".

The study was made in the fall after the School of Nursing began its term. All head nurses were observed except those in charge of maternity wards, the operating room and outpatient department. As these have specialized functions they were omitted. Each head nurse was observed for eight one-hour periods. The eight periods covered a full hospital day from 7 a.m. to 7 p.m. The observation periods, a total of 120 hours, were distributed randomly over a ten-day period. They were arranged so that there was a maximum of three observation periods in a day for any head nurse.

A form was designed to record the activities of the head nurse during each quarter minute or 15 seconds of observation, the observers following the head nurse and making use of a stop watch. Recorded were the location of the activity, the persons and/or equipment involved, and the general topic of conversation.

For purposes of analysis, suitable classifications and code systems were prepared and these considered separately three main areas of nursing responsibility:

1. Planning for and direct care of the patient;
2. Ward maintenance and housekeeping (non-nursing);
3. Administration of ward personnel.

In each of these three areas the activities were classified on five levels: management of the ward; supervision of ward personnel; direction of ward personnel; education or teaching; and carrying out activities directly, whether as part of the regular ward routine or administrative and clerical duties related to the ward routine.

How long does each activity last?

Units of activity of the head nurse numbering 14,028 were observed. On the average an activity lasted one-half minute. Furthermore, half the activities were less than one-quarter minute in duration. Ninety-three per cent of the activities lasted one minute or less, and these accounted for 70 per cent of the total time. Actually there were only 51 occasions out of the 14,028 in which the head nurse continued uninterrupted in the performance of a single task for five minutes or more.

The importance of this extremely low average duration of activities of one-half minute cannot be over-emphasized. Why can the head nurse spend on the average only a half-minute in one activity? Is the fact that her own activities are so broken up, by her involvement in the general work of the ward, the result of hospital policies; of general administration policies; of nursing administration policies; the size and layout of the nursing unit; physical facilities of the unit; lack of proper equipment or supplies; inadequate assistance for the head nurse; inadequate preparation for head nurse duties?

The rapid shifting from one activity to another seems inconsistent with the proper responsibility of the head nurse for over-all planning and control of the work in her unit. It rather suggests instead that she is constantly being overwhelmed with the detail of ward routines, that she is not in control of the situation, and that her activities are a result of the circumstances in which she finds herself and for which she is inadequately equipped by training, experience or authority.

What is the head nurse doing?

About 75 per cent of the head nurse's time is concerned primarily with the care of the patient, 15 per cent in ward maintenance, and 10 per cent in administering to the needs of her staff. The head nurse is herself directly engaged in carrying out routine activities on the ward for two-thirds or 65 per cent of her time. Giving medication would be an example. A little less than half of the time is spent on ward routines and the balance, 37 per cent, on administrative and clerical duties. The proportion of activities is approximately the same percentage as the time.

The fact that 37 per cent, more than one-third of her time, is spent completing forms and other clerical duties calls for particular comment because, in our hospital, ward clerks are available on all wards from 9 a.m. to 5 p.m. to assist the head nurse. And I might add that since this head nurse study has been made they are also on in the evening in some wards.

It must be recognized, however, that some of these clerical duties are more administrative than clerical, involving liaison with senior personnel as well as with other hospital departments; giving day and night reports; making rounds independently and so on.

How can the head nurse be relieved of such clerical duties? Should the number of ward clerks and the periods of their duty be increased? Is there a place for administrative as-

The study discussed was conducted by the Research Division, Department of National Health and Welfare, at the request of the Canadian Nurses' Association and with the co-operation of the Ottawa Civic Hospital. See "Canadian Hospital", January, 1955, page 32.

sistance such as an executive assistant to the head nurse? If so, what should be her preparation? What her duties and responsibilities? Should responsibilities for business administrative procedures, including such items as vouchers, be assigned to nursing personnel? Or should this be a clerical responsibility under the direction of business administration?

We have already commented on the brief time spent on individual activities. The great involvement in the routine work of the wards is reflected in the fact that two-thirds of 65 per cent of her time is taken up with carrying out such activities. This leaves her with a relatively small amount of time available for over-all planning and control of the work on her ward —her real job.

Turning now to a consideration of higher level functions, we find 17 per cent of her time and activities are concerned with supervision, 5 per cent of her time and 7 per cent of her activities are concerned with directing the activities of other persons. This is the head nurse; that is all the time she has for it. The important function of management, planning and organizing the work of her ward accounts for only 8 per cent of her time and 6 per cent of her activities. There is a little bit of time left, about 4 per cent, to be divided between education of the patient and of her staff. Think of it.

The need for expanding the higher level functions of the head nurse is clearly indicated by these figures. Less than 10 per cent of her time is devoted to organizing not only the patient-care program but also the ward maintenance and personnel for which she has responsibility. About 20 per cent of her time is taken up in explaining the duties to her staff and seeing that these duties have been carried out properly. As has been noted, there is very little time left for education. Is it any wonder, with the small amount of time for detached appraisal of the needs of the ward and of the capacity of ward personnel, that we as nursing administrators are sometimes faced with bottlenecks and confusion.

This shortage of time for higher level functions suggests other queries: Can the head nurse delegate her work? Does she know how to do this? And is the opportunity actually present? Does she need more time to spend with the assistant head nurse and clerk to direct and therefore make the best use of their services?

Are the personnel to whom she might delegate work now too fully engaged in routine activities to undertake such responsibilities? If so, how could they assume further work? Are they qualified and trained to assume these delegated duties?

Do we know whether the head nurse is adequately prepared for this position of leadership where she must cope with a high nurse turnover, increased use of auxiliary personnel, increased complexity of medical treatment as well as more situations where she must apply the principles of good administration, including delegation of duties? This would appear to be one of the fundamental issues to be considered. She is, after all, an administrator — at least in name.

Types of activities

Checking on the whereabouts of staff was a leading activity in terms of time in the personnel administration area.

The most frequent of the activities, observing and recognizing general symptoms and conditions among patients, occurred almost 500 times or nearly 4 per cent of the total activity, reflecting the close attention paid to individual patients by the head nurse.

The use of the head nurse's time for securing, distributing and storing supplies, and in looking for staff, needs investigation from the standpoint of efficiency. Is it a head nurse function —or even a nursing responsibility — to secure, distribute or store supplies, or to look for personnel? Or should the administration messenger service or adequate types of signalling service or other devices be used?

Another point for consideration is the matter of making card index entries. Does this function require a head nurse or could it be delegated to the ward clerk with head nurse supervision?

Another way of examining the highlights of nurse activities is to review the ten leading activities in terms of the head nurse's time. Five additional activities to those just mentioned might be listed. In the patient-care area, making arrangements and writing orders for laboratory services, making out day and night reports, supervising the administration of drugs and medications, and assisting the physicians on rounds to patients. The only additional activity is in the area of personnel administration: arranging the times on and off duty for nursing personnel, a management function.

Reports

The activity requiring most time of all, *i.e.*, giving day and night reports, took up 4½ hours or 3.8 per cent of the time. As in all instances, on many occasions in giving reports the head nurse was interrupted, with the result that the average uninterrupted time

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Nursing Assistants in the Far North

Nursing assistants with the Royal Canadian Army Medical Corps are now serving at the Churchill Military Hospital. The hospital serves a large area of Northern Canada, as far north as Resolute Bay and north-east to Thule, Greenland. Here three of the young assistants start their morning duties at the hospital by feeding Eskimo babies.

Left to right: Cpl. Evelyn Wenzel of Oyen, Alberta (near Calgary), with baby Dorion; Pte. Joan Weatherall of Ottawa, Ont., with baby Neepean and Pte. Elaine Almas of Birch River, Manitoba, with baby Powderhorn, named "Gunpowder" by the girls.

3. Two-year curriculum course

Gladys J. Sharpe,
Director of Nursing,
Toronto Western Hospital,
Toronto, Ont.

IN 1950, the authorities of the Toronto Western Hospital decided that the results of an outmoded pattern of nursing education had been endured too long, that the Canadian Nurses' Association's demonstration school (at the Metropolitan Hospital, Windsor, Ont.) had established a precedent of educational independence through financial support, and that further experimentation was in order. It was recognized that for any institution to claim to prepare professional workers, it must provide the organization, the resources, and the facilities necessary to establish its work on an educational basis.

Purpose

Our institution's awareness of society's need for more and for better prepared nurses was reflected in the statement of purpose: "To determine whether, given full control of the student's time, it is possible for a hospital school to achieve the two-fold purpose of increasing the number of nurses without adversely affecting the quality of nursing".

Objectives

The immediate objectives of the experimental program established were defined as follows:

1. To establish a school of nursing as an educational entity of a hospital with financial and administrative independence, in order to assure complete control of the students' activities.

2. To determine how and to what extent a two-year curriculum can replace that of the established three-year course in nursing.

3. To attract more young women into nursing and equip them to serve and meet the increasing needs of society.

To design an educational program consistent with the purpose, *i.e.*, one developed in terms of the need, meant an adaptation of method to purpose.

Program

In terms of the foregoing objectives, the revised educational program aims to provide a curriculum which will prepare young women to carry out nursing techniques in the hospital and the home with understanding and skill and to live effectively as persons and as citizens of the community.

The traditional curriculum was completely remodelled, employing materials more suited to the purpose and developed in terms of the service which nurses are expected to render in relation to human and social needs. It provides instruction and related clinical experience, including: the care of well and sick children, mothers and infants; the acutely sick and the convalescent, post-operative and emergency; the aged and the mentally ill; and the care of common types of medical and surgical conditions.

Changes in Emphasis

With a change in philosophy from "education in exchange for service" to "education then service" there were significant changes in emphasis. We no longer give a course in anatomy and physiology, another in chemistry, and one in microbiology. Instead there is a combined course in the basic sciences, with a view to relating each to the teaching of nursing practice. There is more emphasis on the social and economic aspects of nursing as they relate to personal and community health. No longer do our students regard the clinics as consisting of an unending procession of patients entering and leaving the department five days a week, fifty-two weeks a year. Their experience in community nursing is assigned for a period of four weeks. They make their headquarters in the outpatients' department and accompany one, two, three, or four patients through the various divisions of the department. If the patient is to become an inpatient, the student assists her in that process and may visit her during her sojourn as an inpatient. They visit various centres in the community where resources for preventive medicine and rehabilitation are available, all as part of their community nursing experience.

We place more emphasis on the problems of home and family life and standards of living as they relate to health. I venture to say that each student who has followed this program has a fairly clear idea of what it costs the average homeowner to maintain a family, *e.g.*, the cost of shoes for a ten-year-old boy and how long they are likely to last.

Less time is given to repetition of activities not important in nursing, thus allowing more time for the newer emphases. Before our program was inaugurated we interviewed the students. We asked, "What part of your program do you like least or find of the least value?" And so we learned of one experience or another in which educational opportunities appeared to be limited or were not being fully utilized.

The third and final year of the program provides the student with an introduction to staff nursing, when individual conferences and participation in the staff education program are aids to continued growth. As a team leader, she learns to re-adjust her thinking in terms of the care of a limited number of patients, to the planning of comprehensive nursing care for all the patients assigned to her team.

Establishment

To implement such a program the principle of educational independence was established and the nursing department reorganized so as to provide for its two aims, nursing education and nursing service — the one student-centred, the other patient-centred.

Then, based on a scientific cost accounting of the current three-year educational program, an estimate was prepared showing the probable costs of an experimental two-year plan. Financial assistance was sought and obtained from a charitable foundation and through government funds, *i.e.*, federal-provincial grants.

Evaluation of the program has been a continuous process. The internship period afforded an excellent opportunity to evaluate the performance of these students through observation, as reported monthly by head nurses and supervisors of the nursing service department of the home school and of the Ontario Red Cross Outpost Hospitals, which are affiliated with the school.

And so, with the opinions of 52 registered nurses with whom the student has been associated for a minimum of four weeks, and given immediately upon completion of that period, each student has been appraised in terms of some seven qualities considered important in nursing. These results have been tabulated and graphed.

More Students

That the third objective, namely that of encouraging more young women to enter the nursing profession, has been achieved is indicated by the following figures:

Class of	1949-52 – 57	graduated
"	1950-53 – 62	"
"	1951-54 – 81	"
"	1952-55 – 80	"

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4. Centralized teaching program

Frances McQuarrie,
Nursing Education Secretary,
Canadian Nurses' Association,
Ottawa.

IN 1951, faced with the problem of providing instruction in the basic sciences for over 400 student nurses each year, without enough well qualified teaching personnel, the Saskatchewan Registered Nurses' Association realized that better use must be made of existing resources. After consulting with provincial health department and university authorities and with directors of the schools of nursing in Saskatchewan, the association, with the approval of the Senate of the University of Saskatchewan, approached the W. K. Kellogg Foundation for financial assistance. The plan which had been drawn up was one which would enable the schools of nursing throughout the province to share the facilities of the university and would still allow these schools to control the selection and disposition of their own students. The result of this arrangement was that the first students were admitted to the centralized teaching program* on January 30, 1953.

In order to discuss the financial structure and the advantages and disadvantages of the centralized program it will be necessary to outline briefly the way in which it functions. The geographical distribution of schools of nursing in Saskatchewan is such that they fall into two groups: those in the vicinity of Saskatoon and those in the vicinity of Regina. Having university facilities in both these cities two regional centres were established. In this way, each year two groups of approximately 100 students can be prepared in each of these centres. Each centre has its own director who is a well-prepared nurse educator, a health counsellor who is also a nurse, and two nurse instructors who, in this program, are called "tutors". As well as these, there are the university lecturers who instruct in the basic sciences. In order that the calibre and quality of instruction will be more or less the same, a co-ordinator acts as consultant for both centres. Travelling instructors go out from each centre to correlate the teaching of the centralized teaching program with that provided when the students return to their home schools.

An administrative board made up of representatives from the Department of Health, the Department of Education, the Saskatchewan Hospital Association, the Saskatchewan College of Physicians and Surgeons, the Catholic Hospital Conference of Saskatchewan, the Saskatchewan Registered Nurses' Association and the University of Saskatchewan, with the Dean of Medicine as chairman, has been directly responsible to the Kellogg Foundation for the operation of the program. The executive secretary of the board is also the executive secretary of the Saskatchewan Registered Nurses' Association. From its members the board has appointed an executive committee which deals with such matters as it is felt cannot or should not be assumed alone by the directors of the centres.

After students have been selected by the home schools, they come to the centre in September or January for four of the six months pre-clinical period. Those whose home schools are in the cities where the centres are located are maintained in the home school residence. Those from schools out of the city have accommodation arranged for them by the centre and take their meals at the university.

Basic science lectures are given by the university faculty, with the nurse instructors (the tutors) relating it to nursing. When the students return to their home schools, instruction and practice are given in nursing arts subjects, as well as the other portions of the teaching program which follow the pre-clinical period. An evaluation of each student is given to the home school when she returns there, and the home school makes the final decision as to whether the student is to be retained in the school.

Finance

Now with respect to finance, the centralized teaching program follows a five-year plan. When the brief of the Saskatchewan Registered Nurses' Association was presented to the Kellogg Foundation, a budget was prepared for the first three years. The Foundation agreed to provide approximately $160,000 over three years. The Saskatchewan government was to provide token grants of $5,000 at the end of the second year and $10,000 at the end of the third. The University of Saskatchewan agreed to provide rent-free space, services and lecturers. The schools of nursing were to provide maintenance and allowances to the students. The University of Saskatchewan pays the salary of the co-ordinator who is also the director of the university school of nursing, and the Saskatchewan Registered Nurses' Association that of the executive secretary who is also its executive secretary.

The council of the Saskatchewan Registered Nurses' Association undertook to furnish both centres by soliciting money and furniture from its membership and other interested persons and firms, both within and without the province. As it is agreed that the program shall be continued after the period of support by the Kellogg Foundation, other means of financing it have been found and plans are fairly well advanced.

The costs of the program are being taken over by the schools of nursing which are ultimately underwritten by the Saskatchewan Hospital Services Plan. Legislation is being brought before the provincial government to make it part of the general nursing education structure.

Expenses were greater during the early period of the experimental program because of the necessity of obtaining equipment and building up a library. In all probability during the latter half of the program a level will be attained which will indicate the cost of operation from year to year. From its inception a cost study has been under way but this project is not yet finished. The unexpended balance of the grant provided by the W. K. Kellogg Foundation will be used to complete this cost study and to undertake the preparation of a comprehensive report on the program.

The program is such that subjects which are basic in a school of nursing program are taught by university professors well grounded in their specialty. The nurse tutors in each centre audit all classes and arrange "tutorials" as necessary to relate this material to nursing. It is not difficult to recognize the superiority of this good grounding in the basic sciences over courses taught by instructors who have not had the advantage of concentrated study in the sciences. However, it does seem unfortunate that, because of the time factor, greater use has not been made of laboratory facilities.

Subjects in the centralized lecture program are: anatomy and physiology; elementary pharmacology; nutrition;

*This title has replaced the original "Centralized Lecture Program". See "The Canadian Hospital", March, 1954, page 43.

principles and application of health; English; preventive medicine; nursing science; physical education; sociology; psychology; and mental health.

Students from the Roman Catholic schools of nursing are taught the last three subjects, as well as ethics, at the Roman Catholic colleges. The inclusion of English follows a trend which we are watching with great satisfaction.

The actual practice of nursing is taught when the student returns to her home school. As the pre-clinical period in Saskatchewan is six months, it was planned at first by most schools that the student would concentrate on nursing arts during the two months following her return. However, it has been found more practicable for the schools to teach a minimum number of basic nursing procedures first so that the student may begin her clinical experience and then proceed into the study of medical-surgical nursing with related nursing procedures. This appears to be working out fairly well as the student, having a much sounder background of scientific knowledge, is well able to undertake these studies during this early period. That, I may say, represented one of the major worries — the complete revision of the nursing arts aspect of the course.

Of the ten basic schools of nursing attached to hospitals in Saskatchewan at the time the plan was first put into effect, eight signified their willingness and eagerness to participate. It is not unnatural that two which had recently increased their teaching facilities and had adequate teaching personnel would be reluctant to forego the use of these by joining the centralized program. To date they remain outside the plan and their students have, in a sense, acted as a control group. In September 1954, the students of the newly-organized diploma program of the University of Saskatchewan school of nursing were admitted to the Saskatoon centre, making this the ninth school to participate.

Objectives

The stated objectives of the centralized teaching program are:

1. To provide sound instruction for nursing students in basic sciences in the pre-clinical period.

2. To improve nursing education through the basic science program and, in addition, to extend this program into schools of nursing through the use of a travelling instructor.

3. To establish a cost accounting system for schools of nursing so that ultimately there will be comparable costs for nursing education in all schools in Saskatchewan.

It is interesting to examine these objectives with a view to determining whether or not they have been or are being attained. Certainly from the circumstances and all accounts the students are obtaining a much firmer grounding in the basic sciences. It could not have been otherwise when one considers the interest and specialized preparation of the lecturers at the university and their willingness to prepare classes directed towards the needs of the nursing students.

The attainment of the second objective is less easy to evaluate as it takes time to change or modify established patterns. To my mind one good indication of constructive change is the re-organization which is taking place in the latter two months of the pre-clinical program. The students' introduction to medical-surgical nursing at the same time as they are learning the technical aspects of nursing should do much to make their care of the patient more understanding and intelligent. With a sound background of psychology, sociology, and mental hygiene, the human relations quality of their nursing care should be greatly enhanced. The value of the travelling instructors is still an unknown quantity. As their function is to assist the home schools in integrating the content of courses taught at the centre into the total program, they have been chosen from the tutorial staff. It has not yet been decided whether this is the best way of making the centralized program an integral part of each school's curriculum.

The third objective, which relates to cost accounting, has not yet been achieved. A great deal of time has been spent on this but we must wait until later to hear the results.

However, the program has had results that are not quite as tangible as the foregoing. The opportunity of establishing friendships with students from other schools should pay dividends in improved inter-hospital relationships in the future. Students from schools in the smaller towns gain much from even four months in a university centre. I quote from a comment of the executive secretary of the centralized teaching program:

"They come from their high schools and homes very much children. They leave the centralized teaching program much more mature young women with a very definite measure of assurance."

It seems hard to realize that four months will accomplish this but it is quite amazing the change that takes place in these students. It is possible, too, for the students to develop a better understanding of the place of their home school and hospital in the community and the province. Although loyalty to the home school develops just as in any other student, through their experience at the centre, these students are better able to see their school and hospital as a part of the total health program.

Although there is no question that the program has successfully demonstrated one method of improving nursing education by making better use of existing facilities, some difficulties have been encountered. Students whose home schools are in the university centres have sometimes found it a hardship to return to their schools for meals, particularly in inclement weather. Those who are from schools away from the centres have not always enjoyed the necessity of leaving their rooms to take meals at the university on weekends and holidays. Were it possible to have a residence and dining facilities within the school these problems would be overcome.

Although the cost of maintaining students in Regina and Saskatoon has been carried by the participating schools, this has, in the final analysis, actually been carried by the Saskatchewan Hospital Services Plan which underwrites the hospitals' budgets. In provinces where no such plan exists, the costs might deter some schools from participating.

With regard to the program itself, we shall await the results of the final evaluation. An interim examination has been carried out by Dr. E. K. Russell, Professor Emeritus of the School of Nursing of the University of Toronto, but her report has not been made public. We understand though that it was favourable and adjustments suggested have been largely carried out.

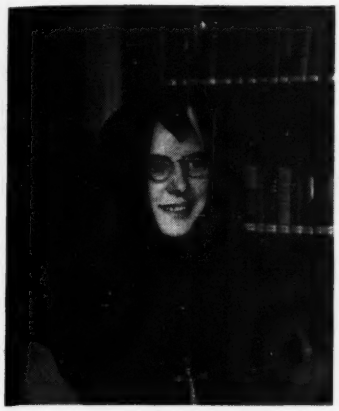
I should like to end on the theme that experimentation in nursing education is necessary to enable us to meet the increasing demands of nursing service. The experimental program in Saskatchewan appears to be solving some of the problems there; but whether it is applicable in other situations we cannot decide yet. We must have a continuing program of research and experimentation. ●

Not Present ➳

Portraits of two presidents have not arrived in time for this issue. These are: Sister Gertrude Jarbeau, president of the Catholic Hospital Conference of Manitoba who is administrator of St. Boniface Hospital, St. Boniface, Man.; and Sister Juliette Barcelo, president of the Montreal Conference of the Catholic Hospital Association, who is chief dietitian at Hôtel-Dieu de Montréal, Montreal.

From Coast to Coast —

Meet the Presidents of Catholic Conferences



Sister Bernadette Bezaire

S.G.M., R.N.

A member of the Order of the Grey Nuns of Montreal and president of the Catholic Hospital Conference of Alberta, Sister Bezaire is a true Westerner. She is a graduate of the Holy Cross Hospital School of Nursing in Calgary, was for three years administrator of St. Paul's Hospital in Saskatoon, and now holds the same position at Edmonton General Hospital. She is also active in the provincial hospital association and is a nominee of the American College of Hospital Administrators.

Mother Ste-Jeanne de Chantel

O.S.A., Il., B.Sc.H., M.E.B.

A member of the Religious Hospitaller of Hôtel-Dieu de Québec, Mother Ste.-Jeanne de Chantel has represented the hospitals of her Order in the Quebec Conference of the Catholic Hospital Association since 1944 and has been its president since 1946. In this capacity and in cooperation with officers of the Montreal Conference, she visualized and took part in the founding of the Comité des Hôpitaux du Canada. Mother Ste.-Jeanne de Chantel is vice-president of this organization.

Sister Corrine Kerr

R.H.S.J., B.Sc.N.

A member of the Religious Hospitaller of St. Joseph, Sister Corrine Kerr is superior and administrator of Sanatorium Notre-Dame de Lourdes, at Vallée-Lourdes, N.B. A science-graduate in nursing and a graduate pharmacist, she has held important positions in at least seven hospitals in New Brunswick. Ever an active member of nursing and hospital associations, Sister Kerr is now president of the Maritime Conference of the Catholic Hospital Association. She is a member of the A.C.H.A.

Sister Columkille

F.C.S.P., R.N., B.Sc.

Administrator of Notre Dame Hospital, North Battleford, Sask., Sister Columkille is president of the Catholic Hospital Conference of Saskatchewan. Born in England, she was reared in Vancouver. She is a registered nurse and a registered laboratory technician. She was graduated in science from Seattle College where she later studied hospital administration and the administration of schools of nursing. She is a nominee of the A.C.H.A.

Sister Mary Ruth

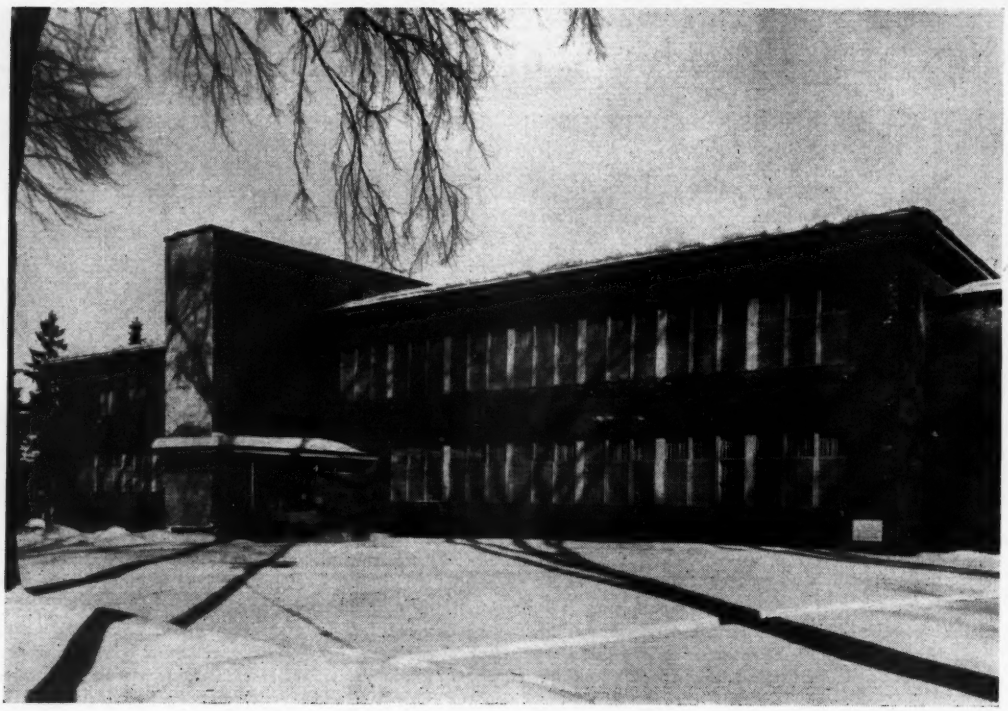
S.C.I.C., M.B.E.

Administrator of St. Vincent's Hospital in Vancouver, B.C., since 1939, Sister Mary Ruth is a member of the Sisters of Charity of the Immaculate Conception. She has studied hospital administration and personnel management at the University of Seattle, attended many institutes on hospital administration, and is a member of the A.C.H.A. She has long been active in the work of the Catholic Hospital Conference of British Columbia, of which she is now president.

Sister Madeleine of Jesus

S.G.C., M.Sc.N.

President of the Ontario Conference of the Catholic Hospital Association for the second time, Sister Madeleine of Jesus has served the Conference in various capacities since its inception. A member of the American College of Hospital Administrators, she holds the post of assistant administrator of the Ottawa General Hospital. A graduate in nursing education, she is active in this field and is a member of the faculty of the University of Ottawa.



At the Ottawa Civic—

Nursing School in Separate Unit

BEHIND any new hospital building lie hours of planning, and behind the planning lie the dreams of those who made it possible. This statement is doubly true of the nursing education building at the Ottawa Civic. When the hospital was opened in 1925, physical facilities for the nursing school were provided in the nurses' residence. For the first decade and a half these were adequate, but the expanded enrolment left no alternative but a new education building. The planning was very much the work of the director of nursing, Edith Young, and it is to her credit that she encouraged the associate director of nursing education, Jean Milligan, and the staff of the whole school, to participate fully in the planning, and this they did actively*. While many people played a prominent part in the establishment of the building, one man more than any other had a dream and, for more than a decade, kept insisting on its fulfilment. It was in the middle 1930's that E. Norman Smith became a trustee of the Ottawa Civic Hospital and, while serving as a member of the executive committee, realized the importance of nursing education in the over-all therapeutic function of the hospital. In 1945, when he was chairman of the board, the decision was taken to expand the enrolment of the nursing school from 150 to 300 students. This necessitated a new nursing education building and in 1955 he saw his dream fulfilled.

When the new building was officially opened by His Excellency the Right Honourable Vincent Massey, C.H., Governor-General of Canada, on January 25, 1955, it marked a milestone in the hospital's history. It provided the school of nursing with the physical facilities by which the faculty could advance the cause of nursing education; and the unique features of the layout of the building have attracted many visitors from far and near.

Many nursing education departments have been completed in the past few years, and some have been described in the *Canadian Hospital* (page 45). The outstanding feature of the Ottawa Civic Hospital nursing education building is that it is a completely separate unit. Another fact apparent to those who use the building is that it has all the necessary facilities. What this means to lecturers, instructors, and students can be appreciated most fully by those who have lived through a long period of cramped quarters, stuffy classrooms, and totally inadequate office space.

From the outside the building looks very much like a school. However, the architects, Hazelgrove and Lithwick, have executed a design which blends readily with other hospital architecture. Situated on the northwest corner of the hospital property at Parkdale and Ruskin Avenues, it is north of the nurses' residence with which it is connected by underground tunnel. The building is 170 feet long by 84 feet wide, contains some 635,000 cubic feet, and consists of a sub-basement, first and second floors. In addition to meeting the needs of the nursing school, space is found on the second floor for a large room for the women's auxiliary and the nurses' alumnae. The sub-basement contains

* *Nursing Education Building, Ottawa Civic Hospital, Jean Milligan, B.N., "The Canadian Nurse", May, 1955, p. 368.*

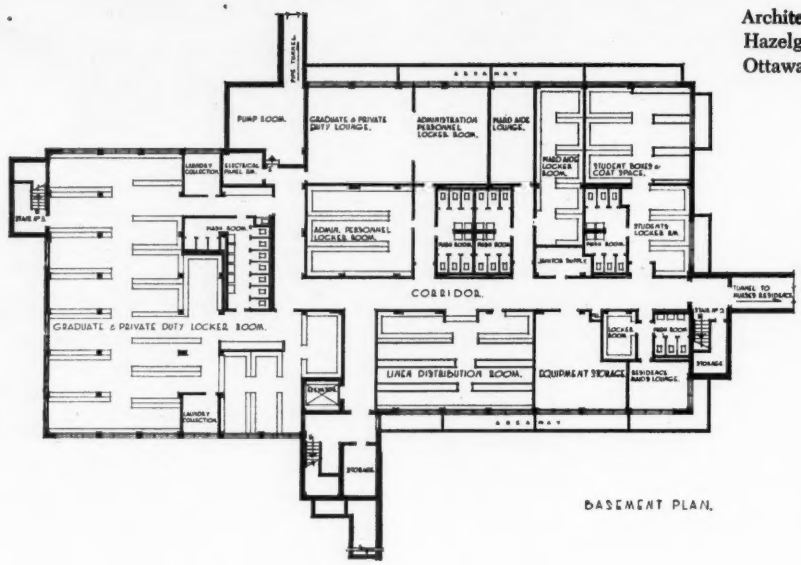
Students busy in a science laboratory. There are two such laboratories, one being used for instruction in microbiology and pharmacology and the other for chemistry and anatomy.

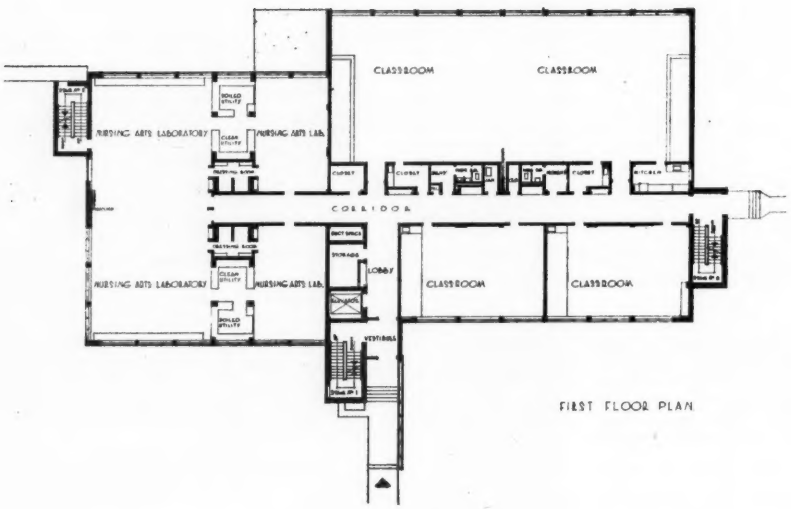
View of the dietetics laboratory. Each of the teaching units is finished in a different colour tone and all blend to make the room most attractive. The instructors' area is shown in the background.

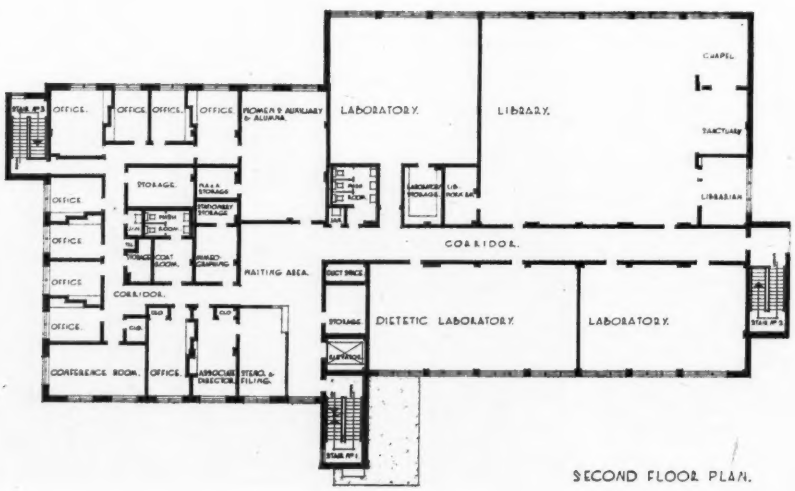
One of the four nursing arts laboratories. These are designed so that each may be used by a small group of students or two can be readily converted into one area for the use of a larger group.

Ottawa Civic . . . . .

Architects,
Hazelgrove and Lithwick,
Ottawa.





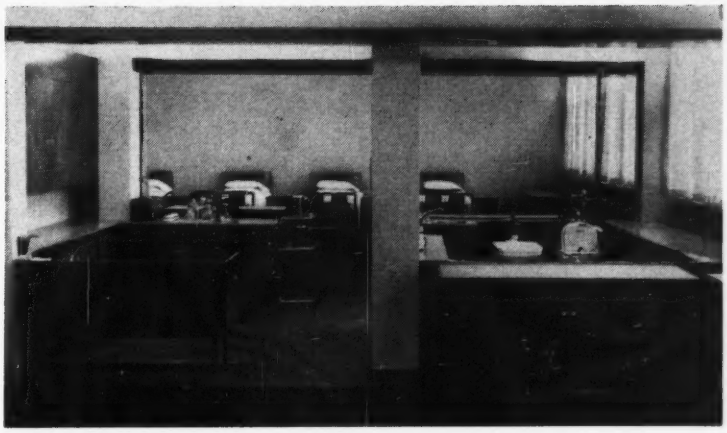


lockers, lounges, and washrooms for various groups associated with the nursing sevice. In addition, this floor provides space for a linen distribution room for personnel of the nursing department.

The building, of steel frame construction, has long span floor supports. The outside walls are of red brick and much of the interior is finished with natural birch woodwork. Fluorescent lighting is used throughout, and all rooms contain hot and cold running water, as well as an intercommunication system. Classroom windows have been curtained with fibrous glass marquisette. The construction cost was $670,000 and the cost per cubic foot amounted to $1.05. Furnishings and equipment brought the total cost to approximately $750,000. In addition, individuals and organizations donated furniture.

On the first floor are two classrooms some 40 feet by 24 feet, each seating 60 students. On the opposite side is a large room 100 feet by 40 feet. This area can be divided by means of folding curtains to provide two classrooms each accommodating 120 students. Used as a single room, it can serve as an auditorium and seats close to 500.

Another unique feature is the nursing arts laboratory located on the first floor. This area is 64 feet by 70 feet and has been so designed that it can be used to advantage by small groups of students or by a large class. Space is provided for four separate nursing arts laboratories, two utility rooms, as well as dressing rooms. Four classes may be conducted at the same time. A folding door divides one room into two units of four beds each. A utility room separates each of these units from another four-bed unit.



One of the two utility rooms with a nursing arts laboratory in the background. Note movable cupboard, in right foreground, for storing linen and other supplies.

The library, 64 feet by 48 feet, is the largest room on the second floor. The south end of this room provides an office for the librarian and an alcove designed for a future chapel. The dietetic laboratory was planned by the director of food service, Grace Sharpe, and her staff. It contains nine complete kitchen units, each with its own built-in oven, hot plates, sink and storage areas. Each unit has its own distinctive colour and all exposed metal and fittings are stainless steel. On this floor also are two science laboratories, one for chemistry and anatomy and the other for microbiology and pharmacology.

The northern area of the second floor provides ample space for administrative offices. A waiting room adjoins the general office and ten separate rooms provide office space for the associate director of nursing education and her staff of instructors. Built-in book shelves and cupboard space are provided in each of these offices. there is also a conference room, a mimeograph room, as well as stationery and general storage areas. One large room which is used by the women's auxiliary to the Ottawa Civic Hospital and by the nurses' alumnae has been finished in colour tones and flooring of their choice. The room has been furnished in a most attractive manner by the ladies.

In one of the five glass display cases lining the main floor corridor is depicted the growth of the hospital and school. A relief model of all the hospital buildings, made by a pre-clinical student, is backed by pictures of three leading events in the development of the new education building. Pictures of the sod-turning ceremony and the laying of the cornerstone are encircled by the gilt and purple shovel with which the patron of the school of nursing, E. Norman Smith, turned the first sod; the silver trowel which Mayor Charlotte Whitton used when she officiated at the laying of the cornerstone; and the key to the building which was presented by the Governor-General at the official opening. — *W. Douglas Piercey, M.D.*

Folding doors which divide two large classrooms are here pushed back so that the area can be used as an auditorium seating close to 500 persons.

Articles on Other Schools

The St. Elizabeth School of Nursing, St. Joseph's Hospital, Sudbury, Ont., "Canadian Hospital", January, 1952, p. 31.

Additions to Nurses' Residence at University of Alberta Hospital, "Canadian Hospital", March, 1952, p. 29.

New Nursing Education Building, Toronto Western Hospital, "Canadian Hospital", March, 1952, p. 36.

Combined Residence and Nursing School, St. Michael's Hospital, Lethbridge, Alta., "Canadian Hospital", March, 1954, p. 37.

Well-appointed Residence and Nursing School, Wellesley Division, Toronto General Hospital, "Canadian Hospital", March, 1954, p. 44.

Clerical duties can be delegated to a .....

Ward Secretary

Mary Curtis,
Associate Director of Nursing,
Oshawa General Hospital,
Oshawa, Ont.

TODAY, AS we realize the importance of individualized nursing care, we must also give much thought to the duties and responsibilities expected of our nursing staff. If we are to continue to carry out this concept of nursing we must not burden our nurses with an ever-increasing amount of desk work. Desk work, it is found, can be efficiently done by non-nursing personnel.

The patient's stay is much shorter in hospital today. Treatment is becoming more scientific, more research is being undertaken and medical personnel are becoming more specialized. All of these factors have a direct bearing on the need for efficient use of our nursing personnel. Nurses should be able to devote their full time to nursing duties if they are to give the high standard of care demanded by the profession and the public.

The Oshawa General Hospital is a 275-bed institution. The nursing wards vary in size from 22-bed units to 44-bed units. About three years ago a ward secretary was employed for each of the seven nursing units. The reason for employing the ward secretary was to assist the head nurse with duties which are of a clerical nature. She was not introduced to take the place of the nurse but to relieve her of many duties which are not essentially nursing but have been attached to nursing through the years.

When any reorganization is undertaken there are always a few persons who are adverse to change or to the relinquishment of duties which have become routine. However, it was found that a person suitably chosen for the position of ward secretary soon proved her worth and was rapidly accepted by the nursing as well as the medical staff.

Selection

When selecting an applicant for the position of ward secretary, it is recommended that she be between the ages of 25 and 40 with secondary school education. She should be intelligent and mature, have a courteous manner, a pleasing personality and be neat in appearance. Preference should be given to applicants appearing emotionally stable and who would develop a clear concept of the importance of hospital ethics. It is necessary to emphasize that all information regarding patients, coming to the knowledge of the secretary, must be treated with strictest confidence and that the affairs of the institution, physicians, nurses, or patients, should never be a subject of conversation. The secretary who is careful about this ethical point increases the respect and the confidence of the patients, visitors, and all with whom she associates.

Outline of Duties

In a general outline of the duties and responsibilities pertaining to this position, it is emphasized that they are all carried out under the supervision of the head nurse and the secretary must understand that she is directly responsible to the head nurse or her assistant for her activities.

It is undestood, of course, that hospitals vary and the duties must be outlined to meet the needs and policies of each particular situation. The following outline contains suggested duties for clerical personnel employed in nursing departments:

Assemble charts of discharged patients for the medical record library;

Complete all information on requisition forms for laboratory, x-ray departments, pharmacy, and other departments;

Chart temperatures, pulse, and respiration;

Note patients' diets on charts and check with the card index;

List outstanding histories to be done by interns;

Check charts for routine urinalysis or their omission;

Make out diet lists for diet kitchen and notify the kitchen of diet changes;

List names of patients on the report for the nursing office;

Make out laundry requisitions;

Complete time slips for nursing office;

Complete requisitions for housekeeping supplies, surgical supplies, repair and maintenance;

Add additional forms to charts when necessary;

Rule ward report book, temperature book, et cetera;

Answer telephone and relay messages (doctors' telephone orders for patients may not be taken by secretary).

Notify the nurse when doctors are present;

Sort and deliver mail, flowers, parcels, et cetera, brought to the ward.

Notify nurses and nursing assistants when patients are to be transported to x-ray, operating room and physiotherapy;

Assemble charts for new admissions;

Assist visitors and escort them to the patient's bed when they are unfamiliar with the ward;

Make out weekly time schedule as instructed by the head nurse;

Receive and check store supplies, special equipment, and pharmacy supplies.

Keep stationery cupboard and nurses' station clean and tidy;

Answer patients' signals if a nurse is not present and notify the nurse of the patient's needs;

Deliver telephone messages to patients and make calls for them when necessary;

Assist with the admission of patients by conducting them to their rooms and beds; introduce them to other patients in the rooms, briefly explain hospital routine, notify the nurse of admissions and complete necessary forms for the patients' records.

Orientation

In carrying out an orientation program for a new ward secretary, the importance of full co-operation between all departments within the hospital should be stressed. The relationship of a nursing unit to other departments such as housekeeping, dietary, pharmacy, admitting, et cetera, must be clearly defined. There are many details regarding the various departments which will concern her, since the nursing unit is so closely linked with all others. The ward secretary should have a congenial relationship with personnel of all other departments based primarily on a well-defined and clearly understood plan of organization.

A definite orientation program, cooperatively planned by the director of nursing service and head nurses should begin with a tour of the entire hospital. It should include a period of instruction in the various departments with which the nursing service has relationships and, in particular, time should be spent in the medical record library. Too much stress cannot be placed on the importance of accurate records and a well-trained secretary can contribute a great deal to the fulfilment of this goal.

It is essential that each requisition form or report used in the nursing department be carefully explained. As the trainee visits the various areas she is familiarized at the time with the forms pertaining to that particular department, and, if given a copy of each to study, the total picture is eventually clearly inculcated in her mind.

Few Problems Encountered

The problems encountered with ward secretaries are few, after orientation is completed and sufficient time allowed for her to become accustomed to the ward and its routine. A young, immature person who does not fully realize the importance of the work may assume too much responsibility. Care must be exercised that

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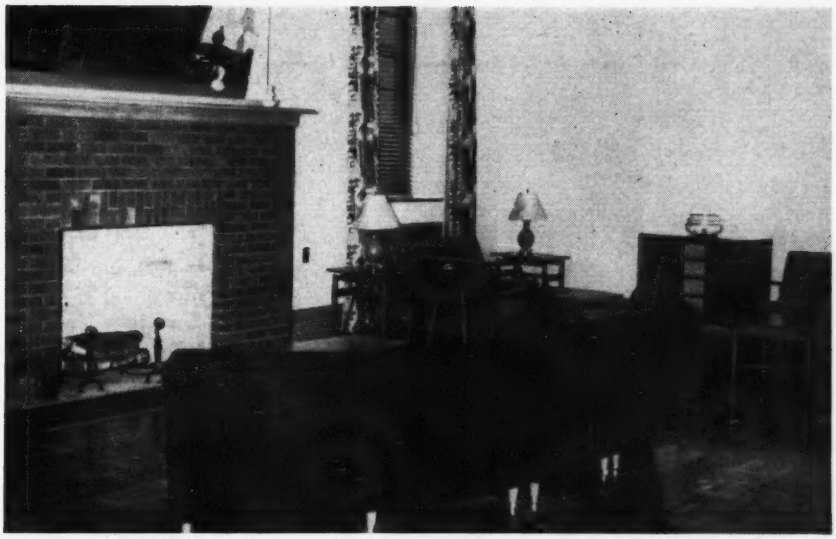


Section of the main reception room where students may entertain their friends.

A Step Forward

Holy Family School and Residence

Sister Mary James,
Administrator,
Holy Family Hospital,
Prince Albert, Sask.

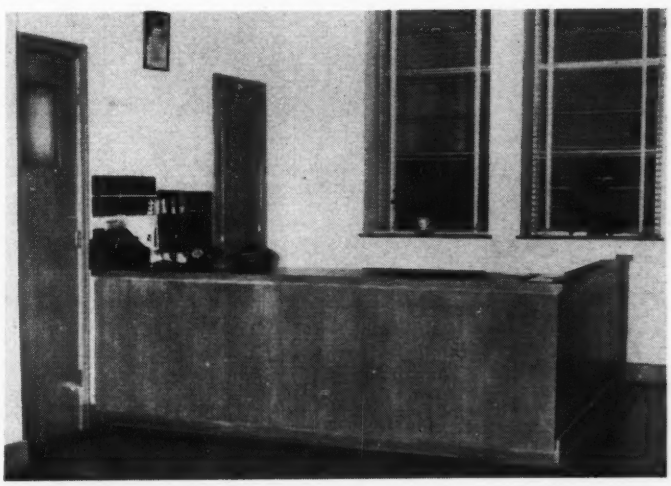
THE history of Holy Family Hospital School of Nursing in Prince Albert dates back to 1913 when 12 students were enrolled. Since then, approximately 700 young women have graduated and gone forth to various parts of the world to assist in that great work of service: the care of the sick. The old residence became too small, for the number of students enrolling increased annually. The need for a new building was evident — if adequate facilities for administration, education, living accommodation, and recreation were to be available. Following the usual "struggles" experienced in all planning and construction, the residence was completed in the fall of 1955.

Construction

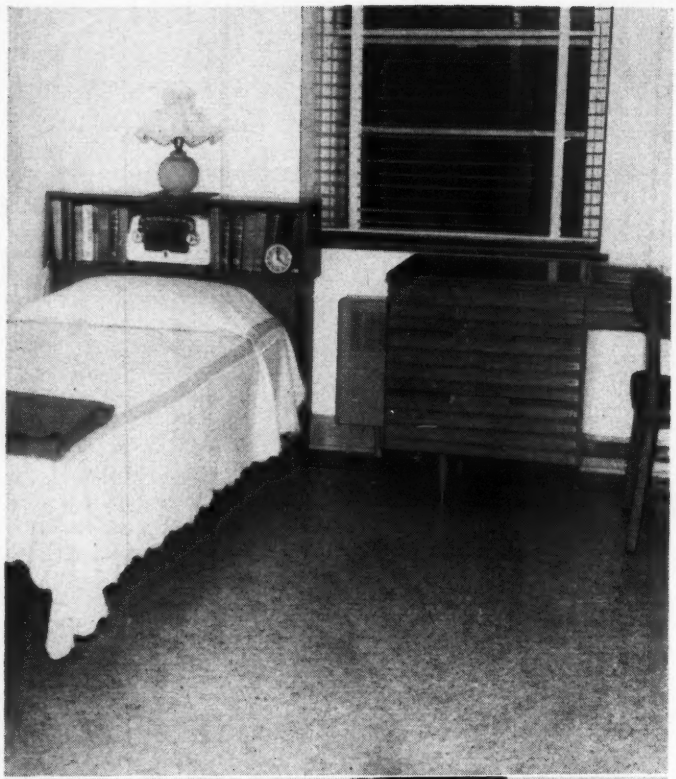
The building, 250 feet long, rests on 87 "Franki" piles, is of steel and concrete construction (and was built on a cost-plus basis, totalling some $485,000). All exposed areas of exterior walls are surfaced with hard burned face brick. Ground floor areas are either terrazzo or cement (auditorium, service rooms, stair landings are terrazzo), stair treads are of marble, all railings of metal. Floors in the reception room and small parlor are quartered oak, treated by a chemical process and laid in plastic cement without nailing. All other floors are cement, covered with inlaid linoleum, designed to suit the use of each particular room. Interior walls are built of hollow clay brick, plastered. Door and window sills are either British Columbia granite or cut stone. Steel window frames were installed. Woodwork is of plain red oak or British Columbia fir.

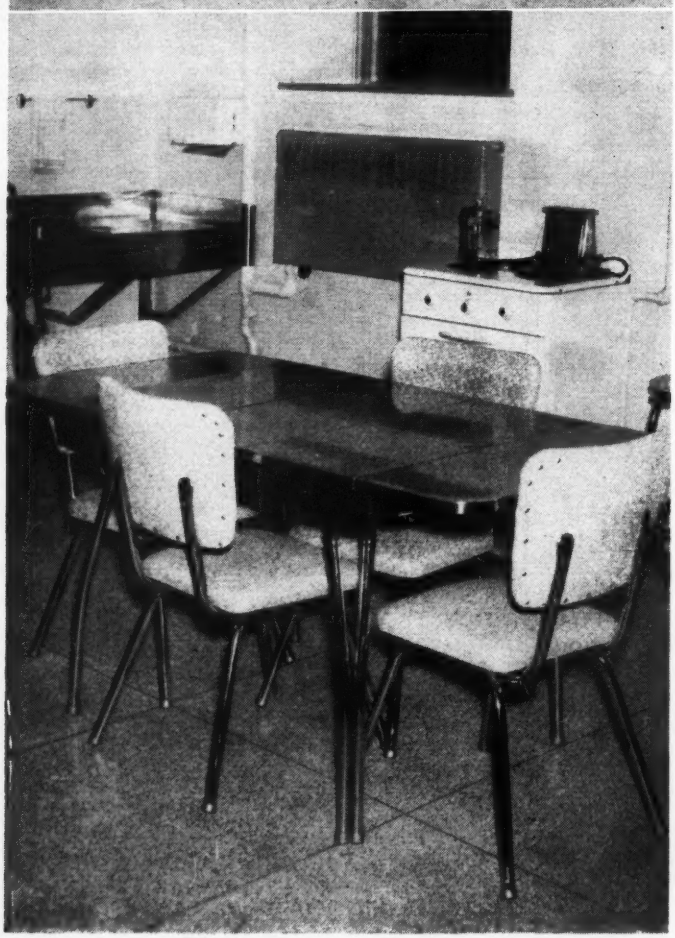
The second and third floors, accommodating forty students each, are assigned to private and semi-private sleeping rooms, furnished in continental style. There are two waiting rooms for students preparing for hospital duty.

The main floor contains the administration and faculty offices, a reception centre, two large lecture rooms, and a demonstration room. Here also is located the library, where the students have ready access from the education area to numerous volumes on nursing and medicine, as well as good fiction. The spacious reception room, so taste-



Reception desk situated just in front of the main entrance.





fully and completely furnished by the hospital's women's auxiliary, lends itself beautifully for more formal gatherings; whereas the small parlor, adjacent to the reception room, provides the right atmosphere for "family visits". The main entrance on this level leads to a spacious lobby with small waiting alcoves on each side. Opposite the entrance is the reception desk and switchboard. A kitchenette, guest room, and sick-bay unit complete the main floor.

At the north end of the ground floor is situated the large auditorium, with seating capacity of 300, where capping ceremonies, initiations, students' dances, and other social activities take place It is also used for staff meetings and clinical conferences, institutes, motion pictures, et cetera. The kitchenette adjoining the auditorium and the one on the main floor, furnished by the nurses' alumnae, provide excellent facilities for preparing refreshments on a large scale — or "just a cup of coffee". Waiting room, cloakrooms, rumpus room with television, a trunk room, lavatories, as well as laundry, ironing room, and sewing room, are also part of the ground floor plan.

Fluorescent, indirect, and standard lighting are all used in the new building, according to which was considered most practical. Hot water heating is supplied from the hospital boiler room through a pipe tunnel. Direct-line telephone service, as well as connections through the hospital switchboard, with an inter-communication system linking all parts of the school, have been found adequate. Care was taken to ensure sufficient fire-signal and fire-fighting apparatus.

Opening

Designed by G. J. K. Verbeke, architect, Saskatoon, our very fine new building was officially opened on November 16, 1955. Mother M. Joan, the present Superior General of the Sisters of Charity, I.C. (with Motherhouse in Saint John, N.B.), who own and operate Holy Family Hospital, travelled to Prince Albert for the opening ceremonies. She was accompanied by Sister M. Symphorosa, who had been director of nursing at Holy Family Hospital for over 20 years. The present faculty are carrying on the necessary task of "better nursing education" for "better nursing service",

(Concluded on page 86)

Above: Student's bedroom is comfortably furnished with continental bed, bookcase and modern desk.

Below: One of two kitchenettes which provide facilities for large-scale refreshments or just a cup of coffee.

For Trustees Only:

Orienting the Newcomer

Mrs. G. C. Chandler,
President, Board of Trustees,
Children's Hospital,
Vancouver, B.C.

AS A BOARD member for nearly ten years I have learned about some things that are entailed in hospital trusteeship. I have also learned from my associates in the hospital field, from other trustees, from administrators and from various people in executive positions. I am indebted for knowledge gained to such writers as Dr. M. T. MacEachern, Dr. A. C. Bachmeyer, and Gerhard Hartman; to John McNamara for his very good book on *What the Hospital Trustee Should Know* and to *Trustee*, the journal for hospital governing boards which comes to us each month.

Perhaps the most important qualification of a good trustee is spirit, the desire to serve intelligently the community, specifically, and mankind generally, an actual urge to contribute efficiently. The second qualification, I feel, is the ability to work towards definite accomplishment, to give unselfishly of time and effort in the interest of the hospital, without thought of reward either in prestige of profession or business. The standing of the trustee is his community is the third but I think, also, an important consideration. He should be a successful person whose integrity is unimpeachable and who, by his contacts with the world, has an understanding of the needs and aims of the institution he is going to help manage. He must have a broad view and a sane outlook on life itself.

Entering the hospital field as new trustees, we learn that we become a part of a great machine that runs day and night, year in and year out. To him who serves on a hospital board should come a joy in knowing that it is through his efforts that this great machine runs smoothly and he should ever strive to see that friction is avoided by the liberal use of intelligence, diligence, and tact. The duties of a good trustee are those that are instrumental in raising the standards of hospitals in all parts of the world and in alleviating the pains of humanity. We know that the board of trustees is the policy-making group, responsible to the public for the performance of the administrator and personnel of the hospital. The board committees and executive committees are responsible to the board alone. The administrator is responsible to the executive committee and the board. The board members do not interfere in administrative detail. Operating a hospital is like operating a business.

From an address delivered at the annual convention of the British Columbia Hospitals' Association held in Vancouver, October 1955.

In a business you scan the balance sheets for profits, deficits, you analyze expenditures, you plan improvements, you consider methods to secure business, you condemn unethical practices, devise means for giving customers more for their money so that there will be more customers, and the revenue will further increase. In order to do that in business you pick a good general manager. In a hospital your product is patient care, your general manager the administrator. You are eager to know what expenditures were made during the past month, how many patients came to the hospital, number of operations, x-rays, laboratory tests, et cetera.

A conscientious, valuable trustee recognizes that he has five major functions to perform: (1) to determine the policy of the institution with relation to community needs; (2) to see that professional standards are maintained in the care of the sick; (3) co-ordinate the professional interests of the hospital with administrative, financial and, again, community needs; (4) direct the administrative personnel of the hospital in order to carry out the above policies; and (5) to provide adequate financing by securing sufficient income and by enforcing a business-like control of expenditures.

Seniors as Instructors

I believe that a good trustee is an effective one. He needs to cultivate, besides the personal qualities mentioned, the attributes of understanding and of being understanding. When a new trustee is selected, how can we be assured of the fulfilment of his best efforts? The senior trustee could well be an instructor to the new members. Those of us older in experience on boards could, and should, regard ourselves as teachers, helping thus both the new member and ourselves. We might very likely, then, reconsider some of our old settled convictions and project our minds into new areas of thought. A senior trustee can see that the new members receive a broad concept of hospital functions, the history of its beginning and development, the organization chart where he will see his place and the extent and boundaries of his responsibilities and authority as a trustee. It is absolutely necessary that a new trustee study, observe and reflect, and attend board meetings regularly. He must go through the hospital very early in his tenure of office, study and see how the whole is made up of various areas and how each are related. Then, after a time of learning and absorbing the atmosphere, he may be ready for committee work. Now he discusses and helps to make decisions, he learns how the work of the committees are related, and he is on his way to an understanding of his responsibilities. I should also like to suggest that it is, in my opinion, very valuable that a board member rotate on committees, not only to gain knowledge but to serve thereby more extensively.

An understanding of the hospital includes, for instance, the relationships between himself and the doctors. The trustee has responsibility for medical practice but this is delegated to a group of medical chiefs in whom he trusts. He will never try to tell the doctors how to practise medicine.

Public Relations

In public relations, the trustee can help with new and fresh ideas. It is well to remember that if we wish the community to understand us, we must exert ourselves to understand the public. And, as far as public relations is concerned, the hospital trustee has a great responsibility. Sometimes trustees make mistakes which are not minor ones. It could well be that some of our over-all problems are due to casual management, disinterested management, disconnected management, political interference and control, all at the governing board level. It is said that it is an honour to be a trustee but the responsibility is greater than the honour, and we must take time to know our jobs. We must, in the proper frame of mind, pursue a study of our duties, and if we do, our labours will be amply compensated.

We must know the educational functions of the hospital and about the inter-dependence of the various units. It is not necessary for us to delve into the technical aspects of departmental

(Concluded on page 96)

Why and how we planned a provincial program —

National Hospital Day

Kenneth Cross,
Director of Public Relations,
Ontario Hospital Association,
Toronto, Ont.

A FEW WEEKS AGO a young doctor on the staff of one of our member hospitals originated a phrase which pin-pointed the true humanitarian character of hospitals and the purpose of their existence. The doctor's theme "Your Hospital . . . here is Hope, Help and Healing" was submitted in a provincial National Hospital Day theme contest sponsored by this Association. Over 400 fellow hospital workers throughout the province of Ontario also submitted entries, in an effort to capture briefly not only the character of hospitals but what hospitals mean to the community. The winning contestant was Dr. Richard T. Towson of Freeport Sanatorium, Kitchener, Ontario, and his theme will assist the Ontario Hospital Association to tell the hospitals' story, on behalf of its some 200 member institutions. It will also assist in creating an interest in National Hospital Day among those entrusted with the preparation of local hospital programs throughout the year.

What is the purpose of this promotion and why do we observe National Hospital Day? May 12th is the birthday anniversary of Florence Nightingale, the pioneer of modern nursing, and is a date long since chosen as one particularly suitable for a concentrated public relations program, a key day in the year. Observance of this day will help keep alive the humanitarian principles of which our hospitals are proud — for these reasons:

- It is an opportunity to acquaint every emplovee with the importance of the part he or she plays in caring for the patient, as a member of the hospital team.
- It is a special opportunity to direct the attention of every citizen toward your hospital.
- The occasion can be used to acquaint the general public with the internal problems of the hospital and encourage a favourable public attitude which is so important to the efficient operation of a hospital.
- It is an appropriate day on which to say "thank you" to local people for their support on all other days.

While it is acknowleged that a day-by-day public relations program, embracing the principles of "information" and "inspiration" is essential for each individual hospital, we must not overlook the impact of an accelerated program on this one day when all hospitals may tell their story at the same time.

Being convinced that our association should assist in the observance of National Hospital Day again this year, we were confronted with several questions which had to be answered before planning our program. Here are a few which we came upon: "What should our hospital day theme be?"; "Is there any specific topic we should talk about, and to whom?"; and finally "What should be the nature of our program to assist member hospitals?". To answer the first was not difficult. We simply referred to the winning entry in the contest referred to above.

Answering the second question was simplified when we determined to whom we were directing our message, namely: high school students and teachers, potential voluntary hospital workers, hospital employees, and the general public. Our specific message to these important publics varied in each case. Through the co-operation and guidance of the provincial department of education, we distributed 62,000 pamphlets, entitled *Things to Know About Your Hospital*, to all Grade IX secondary and private school students. The pamphlet told a simple but, we hope, effective story about hospitals and the part they play in the health and welfare of the community. Posters with the theme "There's a place for you on the hospital team" were also sent to every high school in the province. The literature directed to high school teachers was more informative and was designed to provide the teacher with a general background of material suitable for class discussions. In addition, teachers were provided with an 8-page brochure which listed hospital occupational classifications and suggested teaching projects. This is the fourth consecutive year in which hospital material has been furnished for grade IX students and it is our hope that it will be an annual procedure.

In directing a special message to the general public, we used several different media. An 8-page pamphlet entitled *Your Hospital . . . the sentinel that never sleeps*, used in 1955 and again this year, contained data about the progress made by hospitals, statistics relevant to hospital administration, and included an appeal for public support. This year a new folder entitled *The Hospital's Role in Education, Industry, and Research* is being distributed.

The daily and weekly press have received background material as have also radio and television stations. Of particular interest is the promotional support given by the Canadian Association of Broadcasters and the Canadian Broadcasting Association who arrange the showing of hospital film

(Concluded on page 82)

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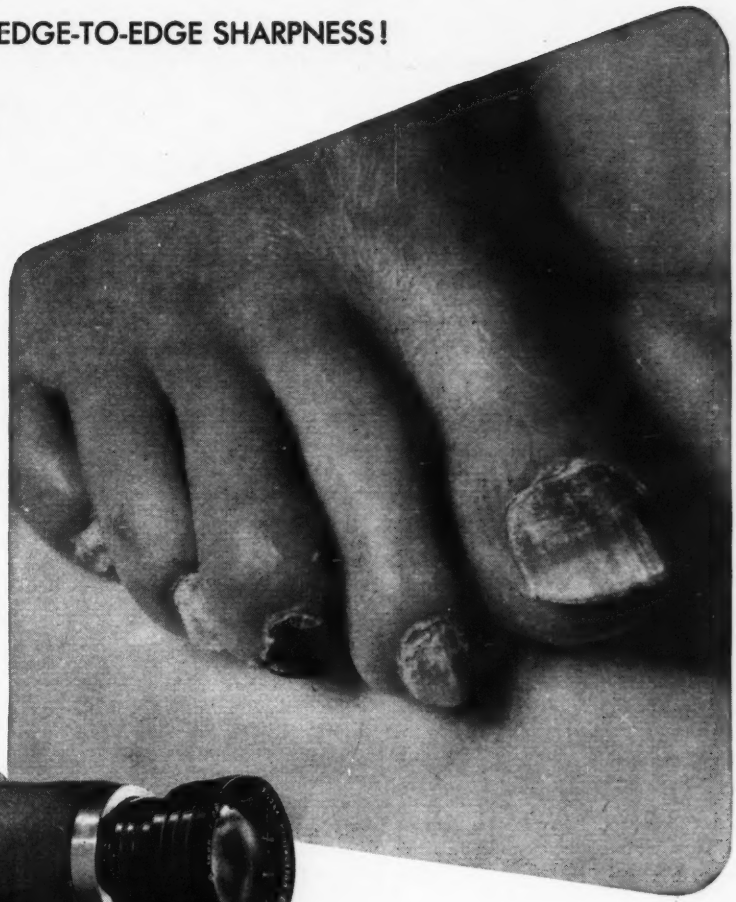

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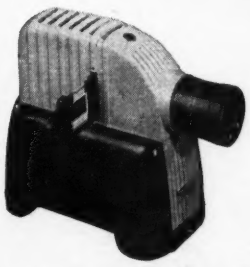

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Maritime Hospital Association sponsors

Finance and Accounting Institute

FOR THE fourth consecutive year accountants, administrators, and trustees from hospitals in the Atlantic provinces gathered in Moncton for an institute on hospital finance and accounting. The four-day educational program was sponsored by the Maritime Hospital Association in co-operation with the provincial departments of health and was under the direction of Walter W. B. Dick, C.A., of Moncton, the association's accounting consultant.

The now familiar little "man of figures" was again in view to welcome 61 administrators and accountants and 32 trustees, together with a number of visitors and speakers. Rupert H. Stocker of Corner Brook, Newfoundland, president of the Maritime Hospital Association, formally welcomed delegates to the institute.

Recording

The lectures and discussion periods were so arranged as to provide a logical sequence by devoting successive days to the consideration of hospital accounting and finance under the headings: recording, classifying, summarizing, and interpreting. A review of the books of original entry used in hospitals was presented by Richard R. Rice of Moncton. Edith Nauss, Halifax, John Ledgerwood of Summerside, P.E.I., and Harry Warren of Fredericton, discussed the hospital admission register. Considerable doubt was expressed as to the real worth of the register, which in the past has been usually considered a basic record.

Manual and machine methods of recording patients' accounts receivable were considered, with Rev. Mother St. Georges, of Vallée Lourdes discussing the former and Herbert Hart of Halifax the latter method. Robert W. Skeet of Moncton spoke on collecting patients' accounts receivable. James O. Borlase of Moncton discussed procedures in determining the collectability of receivables, and Leonard Wellster of Halifax outlined the use which could be made of third party collecting agencies.

Classifying

"Accounting is a means of communicating financial facts", said Walter Dick in speaking on the uses of accounting generally and accounting in hospitals particularly. The speaker indicated that not only hospital administrators and governing boards, but also the patient and "paying agencies", the giver of charitable gifts and, of increasng importance, the average citizen and tax payer represented by departments of government, wanted to know, and were entitled to know, the financial facts concerning hospital operation. Mr. Dick suggested that hospital accounting was different from other accounting only in that it was specialized. Sound accounting principles, uniformly applied through the utilization of a guide such as the *Canadian Hospital Accounting Manual*, will produce results of maximum usefulness to all concerned.

The factors which have contributed to the vast improvement in the financ and statistical records kept by hospitals, including the introduction of the *Canadian Hospital Accounting Manual* and the orientation and educational programs conducted in nearly every part of Canada, were reviewed by Murray Ross, Assistant Director of the Canadian Hospital Association. Although at times progress seems slow and those concerned are apt to be discouraged, it was pointed out that a remarkable transition has taken place in this field in less than 25 years.

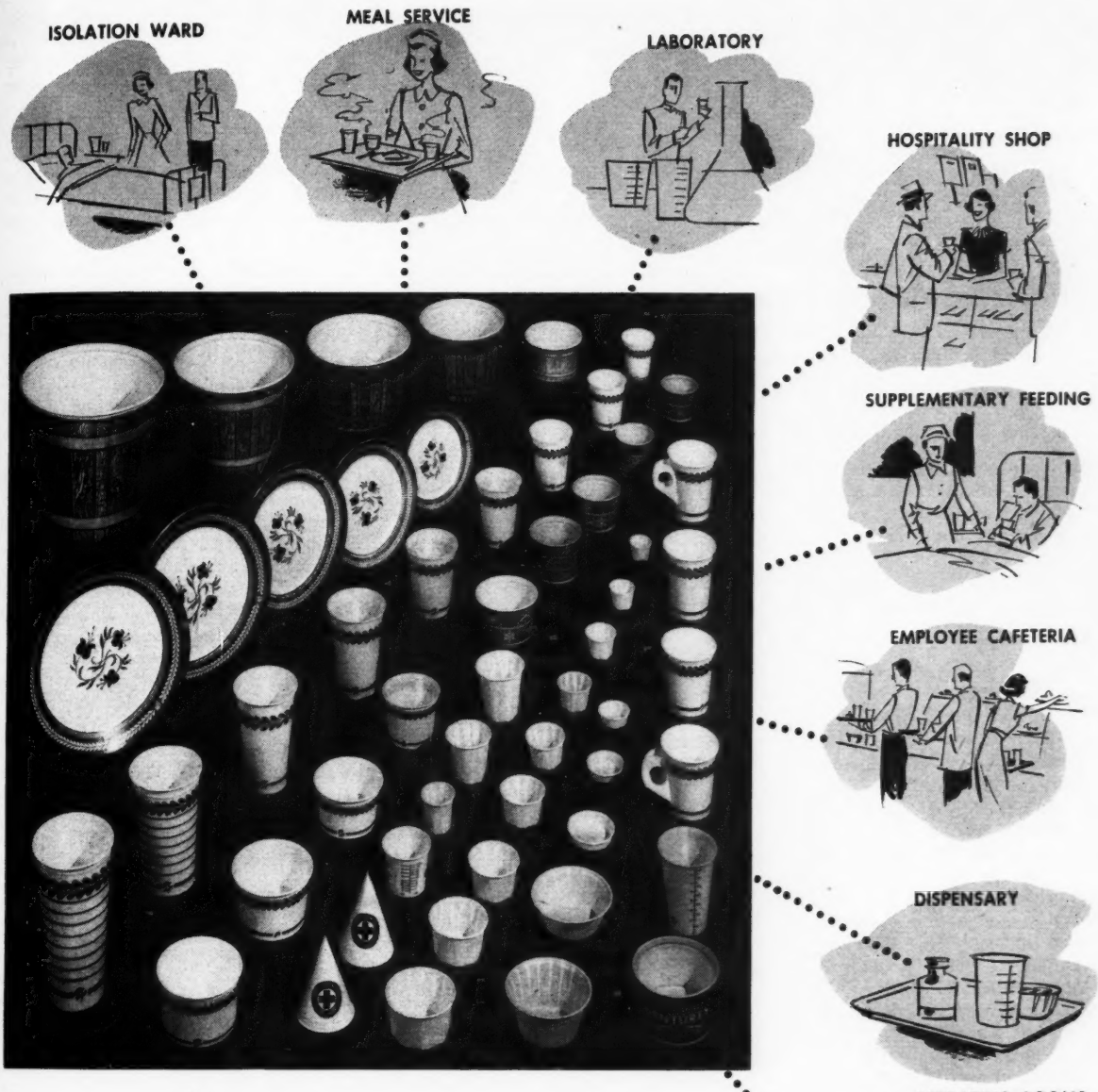
Although prepared in a minimum period of time and distributed to Canadian hospitals less than a year following the second Dominion-Provincial Conference on Hospital Statistics, the accounting manual had, the speaker said, been well received and widely applied. Now, after four years of experience, a revision program is in progress and a new edition of the manual should be ready at an early date.

Summarizing

The immediate purpose of recording and classifying financial and statistical information is to summarize the data so compiled into useable form through the medium of financial statements. Several very profitable periods under the leadership of Walter Dick, Paul D. Shannon of Montreal, and Fraser Harris of the Dominion Bureau of Statistics, Ottawa, were devoted to considering the different aspects of financial reports and the preparation of statistical data, both general and financial.

All speakers emphasized the value of a form of statement which provided a means of comparison between current and past figures. Mr. Shannon described the operating statement as one which provides a "bird's-eye view" of the financial results of running the hos-

Hospital accountants and administrators at the Finance and Accounting Institute, Moncton, N.B.



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The four Atlantic provinces are represented in this group, left to right: John Ledgerwood, Summerside, P.E.I., Mrs. Gladys M. Porter, Kentville, N.S., J. O. Borlase, Moncton, N.B., Rupert H. Stocker, Corner Brook, Nfld., and Richard R. Rice, Moncton, N.B.

pital from month to month. It reveals trends and provides a means of control. By comparisons it assists in the maintenance of standards as set up in a budget and reveals weaknesses as they develop in the financial structure, so that corrective measures may be taken before the results become too serious. Concerning "control" reports, the speaker suggested that ratios are sometimes more useful than straight dollars and cents. As an example, in respect to patients' accounts receivable, the gross income for the most recently concluded accounting period might be divided by the number of days in the period to produce an average figure as income per day. Then take the gross accounts receivable at the end of the period and divide it by the average income per day, to produce a result which would indicate the total number of days of service (income-producing days) represented by the patients' accounts receivable at that date. Variations in this figure from month to month, Mr. Shannon suggested, would serve as a good indicator of the status of receivables and the effectiveness of collection procedures.

To emphasize the significance and importance of hospital statistics, Fraser Harris stated that at the recent four-day Dominion-Provincial Conference on Health Insurance over half of the allotted time was spent in discussions relating to hospital expense. He emphasized the limited value of single figures, indicating that both financial and general statistics only become fully significant when placed where they can be readily compared with other data of a similar nature. The speaker also made a plea for more widespread use of the statistical information on hospitals which is now being compiled, stating that the hospital field might be well advised to do more research and investigation (and might be able to draw useful conclusions by more extensive analyses and comparisons on the basis of available statistics) than is being generally done at the present time.

Interpreting

Hospital trustees responded nobly to a special invitation to attend the last day of the institute which was devoted to interpreting the facts of hospital operation. Paul Shannon spoke on the use and interpretation of statements of income and expense, and of balance sheets, again emphasizing the importance of comparisons. Murray Ross described the preparation and application of an operating budget, likening the budget to a barometer in charting and planning the financial course of the hospital.

In an excellent presentation by George H. Steeves of Moncton, cost analysis was described as a means of distributing all expense to departments, to revenue bearing centres, or to patient services, in order to produce unit costs. He described briefly the growth of accounting from the era when all business was small and the operator was virtually able to carry all the facts in his head, through the development of large and complex industrial corporations requiring carefully planned accounting systems for purposes of control. These industries, said Mr. Steeves, have made extensive use of cost accounting for the purpose of calculating unit costs of manufacturing goods or supplying services.

Application of the principles of cost accounting to hospitals is a comparatively recent development. However, where it has been used, it has established beyond doubt that the time and effort involved is well spent. The speaker deplored the practice of setting rates for services on a basis of what the "traffic will bear" and appealed for a more equitable basis for establishing rate structures in relation to the cost of providing service. He pointed out that wherever public funds are involved in payment for hospital services, cost almost invariably becomes the unit of measurement upon which reimbursement is based. With a steady trend toward governmental participation in hospitalization insurance, the hospitals' need for cost data is steadily increasing. This type of data can be obtained only through cost analysis, he said.

It was pointed out that the destined use of information obtained through cost analysis determines largely the procedure which should be followed. Mr. Steeves recommended use of the basis of allocating costs outlined in the *Canadian Hospital Accounting Manual* and stressed the need for more widespread use of this type of analysis.

Stuart K. Hummel, administrator of Columbia Hospital, Milwaukee, Wisconsin, chairman of the Council on Association Services of the American Hospital Association and treasurer of the Joint Commission on Accreditation of Hospitals, was one of the principal speakers in the series on "Interpretation." As an administrator, Mr. Hummel described the hospital's operating statement as "management's greatest tool." He placed great emphasis on the value of comparing the results for both the whole hospital and individual departments, with corresponding periods in previous years. He indicated also that constant comparison with budgeted estimates warns of difficulties "in June rather than December".

The speaker stated that hospitals must recognize that they have left the "blind man and tin cup" era, must be alert and fully cognizant of the rapidly changing picture of hospital finance, and must be well informed on costs and other financial facts concerning their operation.

Mr. Hummel indicated that the administrator who is not an accountant must allow himself to be educated by his accounting personnel. He must become familiar with the accounting facts surrounding accounts receivable, outpatient services, et cetera. He said that the administrator owed it to himself and his staff to spend time with his accountant, discussing theory and methods as well as interpretation and conclusions to be drawn from tabulated data.

The use of national statistics and their contribution to medical progress was the theme of an interesting address by Fraser Harris. Walter Dick spoke on the interpretation of financial reports and presided over a general question and answer panel which consisted of the various speakers, together

(Concluded on page 74)

Little Things of Great Importance

E. Louise Brittain,*
Toronto, Ont.

WE ALL know that it is the build-up of little irritations caused by minor or major mistakes in construction, layout, or equipping a kitchen which brings about so much unpleasantness and shortness of temper in the staff; and the elimination of these means much to the development of a smooth running department. Many of the problems cannot be solved in a kitchen that is already functioning but a dietitian who has the opportunity to help in the planning of a new or remodelled kitchen can do a great deal to prevent them — hence the title "Little things of great importance".

These things may be any one or a number of the following: a passage way that is too narrow; a door that swings the wrong way; the location of a sink that is awkward to work at; an unnecessary projection (a corner, a pipe, a jut of a pillar) that people keep bumping into; a door that has no vision panel; door handles that are poorly placed and locks or catches that do not function properly; shelving that is too low or too high, too narrow or too wide for the items we have to store; drawers that do not run smoothly or are difficult to clean; portable equipment that is too heavy to be of practical use; too few sinks to do the job properly; no storage cupboard for daily supplies or cleaning supplies; inadequate refrigeration; counter shelves that trays do not fit to advantage; vegetable peelers that stand alone and do not empty into a sink; work tables which are too low for standing work but not comfortable for sitting down; dishwashing equipment with inadequate hot water supply; and steam equipment without sufficient pressure.

Now what can we do about these irritations?

1. Frequently they may have been there for years and the only satisfaction a dietitian gets when she complains is the reply that the kitchen has been like that for years and nobody has ever complained before — therefore she must be making a mountain out of a mole hill.

2. Or it may be a brand new installation and she gets the reply: This is a brand new kitchen only finished "x" months ago. The architect and kitchen equipment contractor laid it out in the very latest design so it can't be that bad and anyway we have spent "x" thousands of dollars on it and it would be unreasonable to spend more money to change it—give it a little more time and you'll probably find it works out fine.

3. Or the reply may be: Why didn't you mention these things earlier and ask for them in the planning stage?

This third reply is a very important point. Why didn't we mention or specify our requirements earlier or in the planning stage? Far too often the dietitian falls down on her job right here. We may have known what we required but have not taken the trouble to advise the right people of our requirements at the planning stage of the building. In all building programs the architects must get the owners' requirements for the building that he is to erect. This is the opportunity for the dietitian to supply the information. Architects and your own management as well will have much more respect for you and your job if you know what you want and why. They do not understand calories but they do know a lot about sanitation. The job of the architect is to co-ordinate all the requirements of the building occupants and try to give everyone as much as possible of what they want or need. So be able to support your requests with the reasons behind them.

Food Service

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Familiarize yourself with terms that architects use:

(a) Blue print — be able to visualize the actual size of the rooms shown in scale drawing.

(b) Shop drawings — check them for construction.

(c) Roughing in plans.

(d) Know the swing of a door and how much space it takes for a person to stand and get anything in or out of it conveniently. Also which is the best size of door for your particular operation.

(e) Know the type of refrigeration you want (blower or fin coil) and why, also the temperatures you wish to maintain (automatic defrost cycle or not).

(f) Know the size of refrigerator required — what interior wall finish you want and the type of shelving you need.

If you find the architect already has the plan in the blue-print stage before you have a chance to mention your requirements, ask to see the blueprints. Look over the kitchen layout carefully. Then take a piece of paper and roughly draw the way you feel it should be laid out to be practical and functional. Next jot down the reasons: why your arrangement is better; why your traffic aisles are more suitable to your type of operation; and why the equipment should be laid out to follow a definite plan of work. If your arguments are good, he will listen and you will reap the benefit and avoid some of the irritation that poor layouts cause.

In connection with this subject, I would recommend to you an article which appeared in the *Journal of the American Dietetic Association* entitled "That Kitchen — Let's Try It For Size". In the article it was pointed out how important the dietitian's ideas are in the planning stage of any institution; and how, with a little study, you can have the facts at your fingertips to develop your requirements and can supply the architect with the information.

You may be thinking that this all sounds like a great deal of work added to the heavy job you are carrying right now and that you just haven't time to do it. If that is so then you should delegate the job to some member of your staff—but frequently this is a purely mental attitude. I assure you it isn't really difficult. The knowledge of equipment layout and the subject of equipment is acquired by the effort of making yourself alert to the subject and keeping your eyes open for faults and possible improvements in your present set-up.

Then when you come to state your requirements to the responsible per-

(Concluded on page 80)

From an address presented at the dietetics section of the Ontario Hospital Association Convention, Royal York Hotel, Toronto, October 1955.

* *Miss Brittain is superintendent of dining services, Bell Telephone Company of Canada, Toronto.*

◀ Provincial Notes ▶

N. W. Territories

YELLOWKNIFE. A complete new board has been elected to direct the affairs of the local hospital, recently named the Yellowknife District Hospital Incorporated, and until last year known as the Yellowknife Red Cross Hospital. People of the district repaid the amount advanced by the Red Cross Society toward their hospital construction. In accordance with the agreement made at that time, the Red Cross then stepped out of the picture and the hospital has become a locally owned and operated institution. The board comprises representatives from Yellowknife Miners' Union, the Town Council, the Board of Trade, Daughters of the Midnight Sun, and the Women's Auxiliary to Holy Trinity Church.

British Columbia

COMOX. Conversion of Fort Lodge, famous Comox holiday and fishing resort, to a private hospital is almost completed. It will be a 26-bed hospital, six upper rooms becoming wards, with private and general accommodation. The old dining room will house four or five patients and what was formerly the billiard room will be a four-bed ward.

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KIMBERLEY. Letters patent have been granted for the establishment of Selkirk Hospital Improvement District in the proximity of Kimberley as a move toward achieving a new $1,250,000 hospital, to replace the existing frame building.

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LADYSMITH. The community is planning a final drive to reach the $100,000 objective set for funds for the new $300,000 hospital. A monster one-week "blitz" is hoped to wind up the campaign and complete the sum needed to start building the hospital this year.

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NEW WESTMINSTER. A 50-bed hospital located in Surrey Park at Whalley has been named Florence Nightingale Private Hospital. It was a former private home located on the Trans-Canada highway. The large house was moved to its new location and rebuilt to serve as a hospital. The structure contains 32 beds on the main floor, with 18 beds on the lower floor. Quarters for nursing staff and an administrator are also included.

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SALMON ARM. Future nurses are becoming familiar with the fundamentals of their chosen profession through the medium of the Salmon Arm High School Nurses' Club. Salmon Arm General Hospital is co-operating with the project and the club members serve regularly in the hospital on a voluntary basis, performing various duties under the supervision of the Matron and the regular nursing staff.

Alberta

BEAVERLODGE. Work on the new $175,000, 20-bed Beaverlodge Municipal Hospital is progressing steadily. When the new structure is completed it will replace the 20-year-old hospital which will be used as a nurses' residence.

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FORT MACLEOD. Sketch plans have been started by architects for a 31-bed municipal hospital to be built here. The one-storey building, with a floor area of 19,000 square feet, will cost an estimated $235,000 and will be of frame construction.

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LAC LA BICHE. St. Catherine's Hospital recently received a new chest x-ray unit, donated by the Alberta Tuberculosis Association. Installed at a cost of $2,600 it will materially assist in tuberculosis case-finding in Lac la Biche and district. The new hospital was officially opened in 1955.

Saskatchewan

PRINCE ALBERT. Construction of a new 56-bed wing to Victoria Hospital at a cost estimated at between $450,000 and $500,000 has been approved in principle by the provincial government. Should Prince Albert wish to proceed with construction, provincial health grants totalling a minimum of $56,000 would be approved. A request would be made to the federal government for a matching amount.

Manitoba

WINNIPEG. Work will be started on a $250,000 addition to St. Joseph's Hospital for the Aged early this summer. The extension will include a chapel, approximately 70 beds, reception room, auditorium and recreational facilities, and a day room. There will be accommodation for 120 residents when the new unit is completed. Also available will be suites for aged couples.

Ontario

BROCKVILLE. Plans for the expansion of the Brockville General hospital are continuing. The project includes: 60 chronic beds: an out-patient department, to include all the essential laboratory services located in a compact unit; a completely modernized radiological department with three diagnostic units, one of which could be used for the treatment of cancer; a new 23-bed floor for paediatrics; a unit of four major operating rooms, one of which would be especially equipped for orthopaedics; a new set-up for central sterilization; an office and laboratory for the pathologist; proper quarters for staff, both medical and nursing; enlarged quarters for records and the storage space for them; and a 71-bed addition to the Comstock Memorial Nurses' Home. The total cost of this project will run close to $1,400,000.

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CLINTON. Extensive renovations to the north wing of the Clinton Public Hospital are under way. Funds for the project, estimated to cost $6,000, will be made available from federal, provincial, and county grants. Living quarters formerly in the north wing of the hospital, have been transferred to the new nurses' residence. Additional hospital beds will be provided, as well as an out-patients' department, consisting of laboratory and emergency operating room, a room for the nursing representative of the Huron County Health Unit, enlarged x-ray room, storage rooms, and a new front entrance.

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COBOURG. An intensive drive for funds to build an addition to the gen-

(Concluded on page 76)

With the Auxiliaries

Jubilee Year of Saskatchewan Celebrated by Wadena Group

Recognition of past work done in connection with the hospital was the theme of projects undertaken in 1955 by the Wadena Union Hospital's Women's Auxiliary, Wadena, Sask. Mrs. Zelda Feeney was honoured as representative of a group of pioneer nurses. The story of her early nursing home in the district was told by the president to celebrate Hospital Day, May 12. The history of the auxiliary was recorded for inclusion in a book telling the history of Wadena, *The Parade of Progress*. Another point of interest for their jubilee year was the fact that a Wadena high school student won the provincial Hospital Auxiliaries' Association scholarship.

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"Gloria and her Pals"

The National Council of Hospital Auxiliaries of Canada, Inc., has announced the sale of hand-puppets which have proved very popular in hospitals and their gift shops in the United States. Some of these are shown in the illustration. "Gloria", the centre doll in the picture, would make a suitable gift from an auxiliary to the little patient who comes into the hospital, to stay with him while he is there and go home with him when he leaves. Her dress is of the grey material of the smocks worn by the Women's Auxiliaries. "Gloria's Pals" may be sold in a gift shop for the profit of the hospital auxiliary. This project and has been successful in many communities. "Make-it-yourself" kits, which include pattern, instructions and face, may be ordered for 50 cents. Completed puppets, in any quantity, may be ordered for $1.00 each, except the poodle in the picture, which costs $2.00, and "shaggy dog", who is a washcloth and costs 50 cents. These may be obtained from Mrs. John Kershman, 743 Wilder Ave., Outremont, P.Q. When ordering, state the name of your hospital auxiliary, the number of puppets (kind and quality) and the number of "Make-it-yourself" kits (kind and quality). Send a cheque or money order to be made payable to: National Council of Hospital Auxiliaries of Canada, Inc.

"Gloria and her pals"

• • • •

Prepare Linen for New Hospital

The women's auxiliary of the Queensway General Hospital, Toronto, has undertaken to supply 2,100 sheets —initial linen requirements for the new 160-bed hospital — at a cost of about $18,000. Organized just before Christmas, the group already has approximately 300 members in 10 branches covering the whole of Etobicoke Township, Mimico, New Toronto, and Long Branch. In the late summer, when the hospital is expected to open, the auxiliary will have its own shop, proceeds of which will go to its hospital projects. Now the women are concentrating on providing sheets, binders, and babies' diapers. They are making the things they can save on and buying wholesale such things as hospital gowns and pillow slips. Everything will be marked with the hospital name and will be laundered, ready for use. After the hospital requirements, the auxiliary will probably turn attention to the needs of the new nurses' residence, which will consist of small apartments, electrically equipped.

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Annual Report

The annual report of the women's auxiliary to Royal Jubilee Hospital, Victoria, B.C., showed that a total of $2,876 had been raised by the group during 1955. The most profitable projects undertaken during the year were a bridge party, tag day, rummage sale, coffee party, and sponsoring a play. Various pieces of equipment were purchased for the hospital through the success of these ventures.

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Mobile Cart Handy for Patients

Patients at Matsqui-Sumas-Abbotsford General Hospital, Abbotsford, B.C., are grateful for the mobile cart which is operated by the hospital's junior auxiliary. The cart makes the rounds of the hospital weekly, bringing cigarettes, stationery, and other sundries to the patients' bedsides. It is operated as a service rather than a fund-raising venture.

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Ottawa Auxiliary Reports

At the annual meeting of the Grace Hospital's women's auxiliary, Ottawa, Ont., a very successful year was reviewed. Over $1,770 was raised in 1955 through such projects as a spring tea and a garden party. A tea and Dresden china exhibit was also sponsored by the group, which now has over 109 members.

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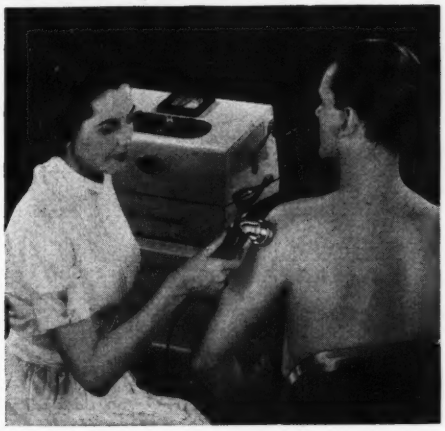
Tribute to an Outstanding Member

"Mrs. D. S. Humphrey, who has become known as 'Mrs. Hospital' for her tireless efforts on behalf of Sudbury Memorial Hospital, Saturday cut the ribbon that officially opened the institution". — *The Sudbury Daily Star* of January 16, 1956.

A hard-working group of women from Sudbury, Ontario, and the surrounding communities were organized in 1944 under the leadership of this devoted citizen, as the Women's Aux-



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iliary to the above hospital. Through their indefatigable efforts $80,000 has been raised.

From a nucleus of 872, the present membership of the auxiliary has grown to an impressive total of some 3,100 women. It comprises 11 units, each of which has pledged itself to furnish a semi-private or four-bed ward in the hospital.

• • • •

W-A-G-O-N Shop

The Brockville General Hospital, Brockville, Ont., Women's Auxiliary holds an annual donation day for the raising of funds. This year they invited the public to visit their new Wagon Shop on that day. "Wagon" stands for "Women's Auxiliary Gifts or Needs", and is a new version of a combined tuck and coffee shop.

• • • •

Hospital Day

May 12th, the birthday of Florence Nightingale, has become known throughout the country as "National Hospital Day". It gives a splendid opportunity for auxiliary members to interpret the hospital to the community. Here are a few ways suggested by the National Council of Hospital Auxiliaries of Canada in which this might be done:

In the hospital: hold "Open House" when the public will be invited to visit such parts of the hospital as are convenient and available. After the tour, the auxiliary might serve some simple refreshment. If an auxiliary is planning to inaugurate a new service or project, it might be initiated on that day. Posters telling the meaning and the origin of National Hospital Day might be placed in strategic locations in the building.

In the community: auxiliaries might offer to send a speaker to clubs or organizations which are holding a meeting on, or near, May 12th. Shops could carry window displays of posters and photographs showing auxiliary activities, a model wearing smock and pin, et cetera. Enlist the co-operation of the press, for articles and interviews; the local radio station for an interview with an auxiliary president; the local movie theatre for an announcement on its screen.

• • • •

From South of the Border

The library and art committee of the Mount Sinai Hospital Women's Auxiliary in Minneapolis offers patients the privilege of choosing a painting to adorn the walls of their room during their stay in hospital. As a project it was designed to be of aesthetic and therapeutic value to the patient. A few original paintings by local artists have been given to the auxiliary and these, with reproductions purchased from a fund allotted to the library and art committee, comprise a library of about 50 paintings from which the patients can choose.

• • • •

For the Gourmet

Copies of *Totem Cook Book* of the Prince Rupert Auxiliary can be obtained at $1.90 each, by writing to Mrs. Sidney Elkins, 216 Fifth Avenue East, Prince Rupert, B.C. The handsome book of 635 recipes contains many from foreign countries. There is also a "Man-in-the-Kitchen" section. The Women's Auxiliary to the Veterans' Hospital at Victoria, in co-operation with the *Victoria Colonist*, have composed a fine cook book with members' favourite recipes, including European, Indian and Chinese cuisine. A good idea for hostess and bridge gifts, this one sells for $1.05 and can be ordered from Mrs. Hester Peach, 2145 Fair St., Victoria, British Columbia.

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New Services Announced

At a general meeting of St. Boniface Hospital Women's Auxiliary, St. Boniface, Manitoba, it was announced that two new services to patients will be inaugurated: photography of newborn babies, and a gift shop which is being opened in the hospital this month. Members and friends are knitting and sewing articles for the shop which will be operated by voluntary workers. A report on the auxiliary's November tea showed a profit of $1,000.

• • • •

Service Pins

Specially designed service pins for members of auxiliaries of Catholic hospitals in the United States and Canada in bronze, gold plate, sterling silver or 10 karat gold are now available through the Catholic Hospital Association of the United States and Canada, 1438 South Grand Boulevard, St. Louis, Mo.

The centre of the attractive pin contains the crest of the Catholic Hospital Association which combines the heart "for living and self-sacrificing service; the shell, representing generous and sympathetic hospitality; the book for deep and exacting learning; and the lamp, penetrating and progressive research."

The hospital name is inscribed on the outside of the pin, while across the bottom is inscribed the number of hours for which the pin is awarded. The base metal is embellished with blue, gold and black.

• • • •

Report on Lillooet

Lillooet and District Hospital, Lillooet, B.C., has an official capacity of five beds only but is always crowded with up to ten patients. So the community is trying desperately to get a new hospital. The Women's Auxiliary has twenty-five members who are very active indeed, for in just over a year they have purchased a washing machine and dryer, a mixmaster, pressure cooker, wheel stretcher, inhalator, and surgery lamp. This year they are hoping to buy an operating lamp.

• • • •

Vegreville Branch Active

A very successful tag day highlighted 1955 fund-raising projects of the hospital auxiliary to St. Joseph's General, Vegreville, Alta. A donation of $200 was made toward the cost of a printing machine at the hospital. In December, 12 Christmas trees were bought to decorate the hospital, books and toys were given to the children's ward, and a gift was presented to the first Christmas and New Year's babies. An active part was taken in the nurses' graduation exercises, when the ladies decorated the stage, acted as ushers, and provided funds for prizes. Patients were visited each week and provided with reading material.

• • • •

Nurses' Home Transformed

The Ladies Auxiliary at Truro, N.S., donated $1,000 and the hospital supplied the balance to redecorate and refurnish the nurses' home of the Colchester County Hospital. The Medical Society presented the home with a fine TV set. It is now a lovely and comfortable residence. During 1955, the Auxiliary gave $2,000 in cash and linens, et cetera, to the hospital.

• • • •

Dental Clinic in Hospital

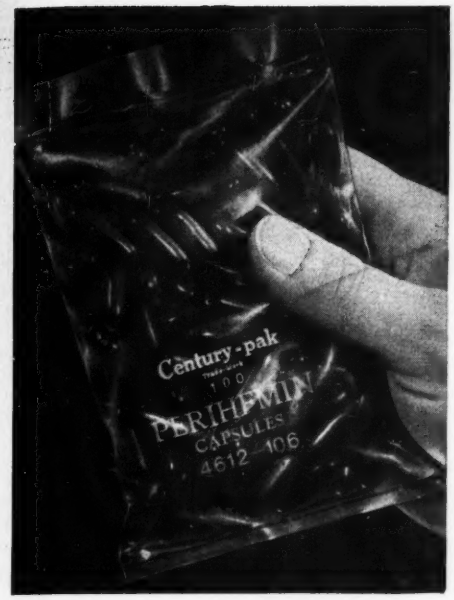
The Auxiliary of Riverview Hospital (Geriatrics), Windsor, Ontario, have instituted and are supporting a Dental Clinic in their hospital.

• • • •

A Year of Achievement

Members of Grace Hospital Ladies' Auxiliary, Windsor, Ont., had a very successful 1955, with receipts for the year totalling $7,025. Among the fund-raising projects sponsored by the group were a garden party, a Concert series, and a Christmas carnival. Two bursaries were given, and a sizeable cheque

(Concluded on page 100)



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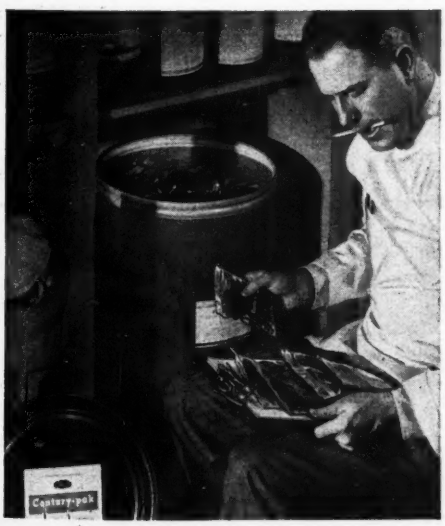

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Notes on Federal Grants

Construction

Two Newfoundland hospitals will share federal health grants amounting to $13,040 to assist them in construction programs. At Roddickton, a grant of $10,040 goes to the Nursing Station of the International Grenfell Association. The money will help meet construction costs of a new building with accommodation for six patients, four bassinets, out-patient treatment and dispensary facilities and staff quarters. The establishment will provide services for some 2,500 persons in the Roddickton and Canada Bay area. A grant of $3,000 will assist in construction costs of an extension to the Hamilton Valley Nursing Station. It will provide accommodation for two additional patients, two bassinets in cubicles, one nurse's bed and increased out-patient facilities.

In Halifax a grant of $85,000 goes to Grace Maternity Hospital to assist in construction of a new addition with accommodation for 42 patients and 106 bassinets in cubicles. Provision has been made for x-ray, laboratory and teaching facilities. The new structure is scheduled for completion in August, 1956.

Two hospitals in Quebec will share federal health grants totalling $102,210 to assist in their building programs. The Foyer Dieppe (for epileptics). St. Hilaire, County Rouville, has been awarded a grant of $56,710 to help provide accommodation for 42 additional patients, construction being scheduled for completion shortly. At Saint-Jerome, Terrebonne County, a grant of $45,500 goes towards the construction of a new nurses' residence for Hôtel-Dieu de Saint-Jérome. Scheduled for completion in November, the residence will provide up-to-date accommodation for 91 nurses. This brings to more than $298,000 the total provided for this hospital, through the national health program in recent years. A grant of $252,666 was awarded towards construction of the existing hospital in 1949.

A federal health grant of $75,612 has been awarded to the Ottawa General Hospital to assist in the hospital's current construction program. This brings to $583,280 the total of federal contributions to the Ottawa General Hospital's building program in recent years under the terms of the National Health program. The latest grant will be used to assist in financing major alterations to the out-patient, radiology and physiotherapy departments. Current alterations will also include conversion of nurses' quarters in the Youville wing to provide bed space for 47 more children. This is one of a series of grants made to assist the Ottawa General Hospital in providing increased and improved facilities during its post-war building program. This program has seen the addition of two floors to the Youville wing with provision for surgcal teaching facilities and accommodation for obstetrical patients, an addition to the Bruyère Wing, new nurses' quarters and the building of "D", "E" and "F" wings with accommodation for several hundred patients and outpatient areas.

Three Ontario hospitals will share close to $300,000 in federal health grants to assist in their expansion programs. Largest grant, one for $172,446, goes to Brantford General Hospital. The money will be used to help pay the costs of a new addition with accommodation for 110 medical, surgical, obstetrical and psychiatric patients, 28 bassinets in cubicles and an outpatient area with x-ray, laboratory and emergency facilities. Construction work on the new addition to the Brantford General Hospital, which got underway last summer, is scheduled for completion in the spring of 1957.

St. Andrew's Hospital, Midland, gets a grant of $106,650 toward the construction costs of a new wing and the renovation of the existing hospital to provide a 47-bed chronic unit. The new construction increases this hospital's bed capacity for the care of medical, surgical and obstetrical patients by 20, provides space for nurseries containing 24 bassinets and for an outpatient area containing x-ray and laboratory facilities. St. Andrew's Hospital provides services for some 20,000 persons in the town of Midland and surrounding townships and villages.

At Sault Ste. Marie, a grant of $3,500 goes to the Plummer Memorial Hospital to help provide additional accommodation for nursing staff. Previous grants to this hospital totalling $140,443 have been made under the terms of the National Health Program in recent years. These have been used to provide increased accommodation for active treatment, chronic and mental patients and for the nursing staff.

A grant of $30,086 goes to the General Hospital, Kincardine, towards construction cost of an addition to the hospital. The new addition will provide accommodation for 25 more medical, obstetrical and surgical patients, 14 bassinets in cubicles, and expanded outpatient facilities.

King Edward Hospital, a unit of the Winnipeg Municipal Hospital, Winnipeg, Manitoba, gets a grant of $33,000 to help meet costs of altering a section of the hospital to provide accommodation and related facilities for 22 more chronically ill patients. King Edward Hospital provides services for upwards of 400,000 people in the Winnipeg district and in rural areas of Manitoba.

In Saskatchewan a grant of $48,000 goes to St. Joseph's General Hospital, Estevan, towards construction of a new addition with accommodation for 35 patients, and 16 bassinets in cubicles. A community health centre is included in the new addition with laboratory, physiotherapy and x-ray facilities and an emergency room. Scheduled for completion this spring, the addition replaces a 35-bed annex outside of Estevan which has been condemned for hospital purposes.

In Northern Saskatchewan, the Uranium City Union Hospital gets a grant of $40,583 towards construction costs of a new hospital and staff residence. The new structure has accommodation for 27 patients, 14 bassinets in cubicles, outpatient and laboratory facilities, and a 23-bed nurses' residence. The new hospital replaces the Uranium City Hospital which was destroyed by fire in May, 1955.

In Alberta a grant of $48,000 has been awarded to the Claresholm Chronic Hospital. Scheduled for completion in November of this year, the new building project will provide accommodation for 32 chronically ill patients. Related facilities will include a solarium lounge area and therapy and treatment rooms. Costs of construction not covered by the federal and provincial grants are being met by the municipality of Willow Creek.

Mental Health

St. Michael's Hospital, Toronto, will benefit from a federal health grant to Ontario of $18,455. The purpose of the grant is to help provide psychiatric inpatient and outpatient services in St. Michael's hospital, thereby improving

(Concluded on page 84)

Head Nurse

(Continued from page 37)

for this procedure was less than two minutes.

The writing of the day and night report and presentation of these reports constitutes one of the few opportunities for the head nurse to examine and discuss the general work of her ward and the patients. With constant interruptions in the preparation and presentation of these reports, this over-all view tends to be lost in the short-term consideration of detailed items which is all she normally has the time to consider. With more free time to prepare an adequate report and with more time to discuss the implication of the report with the nurses, we might expect the head nurse to give better interpretation and direction to the work of her ward. This would lead to fewer interruptions during her working day.

Surely it cannot be questioned that the head nurse, the ward administrator, should have time to sit down, and to think and plan the activities of a 50-bed ward? At present in this institution she has not such an opportunity, due chiefly to the fact that she is interrupted on the average of every half minute. The head nurse was not only engaged in many activities of short duration but was moving about from place to place every two to three minutes.

What effect on the number of interruptions would the use of a team leader have? And with the assistance of our nursing auxiliaries, could the leader give attention to many of the details which are now the responsibility of the head nurse?

Analysis of activities

No authoritative standards are immediately available and applicable to say what a head nurse should or should not be doing. However, the Canadian Nurses' Association committee reviewed the classification of activities and indicated the status of nursing personnel appropriate to the activity. When the activities were analyzed according to this criterion it was found that the head nurse spent about 57 per cent of her time in activities that the Canadian Nurses' Association regarded as appropriate to the head nurse; in other words, 57 per cent of her time was engaged in doing what she should be doing; 15 per cent of the time was on staff nurse duties; 4 per cent of the time was on nursing assistant duties; 6 per cent of the time was on ward aide activities; 17 per cent of the time was on ward clerk duties. A small and negligible amount of the time was spent on duties appropriate to instructors and supervisors.

If only 57 per cent — less than two-thirds — of the time of the head nurse is spent on work appropriate to her status, it would seem important that we give attention to means of increasing this percentage of time.

There are many questions to be answered, not the least important of which is: Are hospital and nursing administrators themselves adequately prepared and willing to make an analysis of the job specifications and personnel requirements for nursing service units in relation to the requirements of the present-day patient and what is involved in his care? Already in the United States, 150 hospitals have carried out practical studies of this nature which have resulted in general re-organization of the hospital nursing service.

Re-allocation of functions should not only be viewed in terms of delegation of authority by the head nurse; perhaps she needs to be relieved of functions and assisted more by other administrative staff. Should not more be done by way of central planning of regular functions common to all wards; for example, preparation of assignment and rotation schedules?

If routine requirements are clearly and simply set out in detail, then the head nurse might be free to mobilize the nursing resources on the ward to cope with new situations as they arise, to deal with over-all planning of nursing service, and to plan improvements in the quality of patient care, which is her primary responsibility.

Finally, the need for quantitative standards for the evaluation of head nurse activities must be emphasized. In addition to the authoritative statements of what the head nurse should or should not do, we need to know what relative amount of her time should be devoted to approved activities. This applies also to other categories of nursing personnel and represents another field for further study.

Conclusions Reached

1. This was a pilot project and a methodology has been developed which seems adequate and is reproducible and applicable to other studies of this kind, and, with appropriate modifications, to the investigation of other members of the nursing and related staffs in general hospitals.

2. Two aspects of the methodology merit special comment. First, the development of adequate classification and code systems for activities and places, persons, and equipment and supplies was an essential preliminary to the analysis of the data. The classification system of functions and ac-

(Concluded on page 96)

Eric Ward now Inspector of Indian Hospitals

The occasion was a farewell party tendered to Eric Ward, administrator of the Coqualeetza Indian Hospital, Sardis, British Columbia, by his fellow administrators in the Fraser Valley Region of B.C. Mr. Ward held the above post for seven years and has now been appointed inspector for Indian Hospitals for all Eastern Canada, with headquarters in Ottawa. The gathering was held in the Matsqui-Sumas-Abbotsford Hospital, Abbotsford, B.C., where an appropriate presentation was made.

In the picture from the left (standing): Art Rutherford, Mission Memorial Hospital. Mission; F. L. Connon, Matsqui-Sumas-Abbotsford Hospital, Abbotsford; H. B. Devine, Langley Memorial Hospital, Murrayville; and (seated) J. S. McGraw, Chilliwack General Hospital, Chilliwack; Eric Ward, now with the Indian Health Services Branch, Ottawa; and Ray Williams, White Rock Hospital, White Rock.

— Photo courtesy of Abbotsford News

Coming Conventions

May 1-2—Victorian Order of Nurses for Canada, Royal Connaught Hotel, Hamilton, Ont.

May 6-7—Catholic Hospital Association of Canada, Ottawa, Ont.

May 15-19—Canadian Tuberculosis Association, Niagara Falls, Ont.

May 21-24—Catholic Hospital Association of the United States and Canada, annual meeting, Milwaukee, Wis.

May 29-31—Canadian Public Health Association, Admiral Beatty Hotel, Saint John, N.B.

May 29-31—Maritime Hospital Association Convention, Algonquin Hotel, St. Andrews, N.B.

June 9-10—Catholic Hospital Conference of British Columbia, Vancouver, B.C.

June 11-15—Western Canada Institute, University of British Columbia, Vancouver, B.C.

June 11-15—Canadian Medical Association, Ecole de Commerce, Quebec City, P.Q.

June 14-15—Canadian Heart Association, Quebec City, P.Q.

June 15-16—Canadian Association of Pathologists, Quebec City, P.Q.

June 16—British Columbia Hospitals' Association, University of British Columbia, Vancouver, B.C.

June 16-20—Canadian Orthopaedic Association, Edmonton, Alberta, and Jasper Park Lodge, Jasper.

June 17-20—Canadian Foundation for Poliomyelitis, Vancouver, B.C.

June 17-21—First North American Conference for Medical Laboratory Technologists, Chateau Frontenac, Quebec, P.Q.

June 17-23—Second Congress of the World Confederation for Physical Therapy, Hotel Statler, New York City.

June 18-20—Canadian Anaesthetists' Society, Mont Tremblant, P.Q.

June 25-29—Biennial Meeting of the Canadian Nurses' Association, University of Manitoba, Winnipeg, Man.

June 26-28—Canadian Dietetic Association, Macdonald Hotel, Edmonton, Alta.

Aug. 12—Canadian Society of Hospital Pharmacists, Ottawa, Ont.

Aug. 29-Sept. 1—Canadian Society of Radiological Technicians, Empress Hotel, Victoria, B.C.

Sept. 15-19—American College of Hospital Administrators Annual Meeting, Palmer House, Chicago.

Sept. 17-20—American Hospital Association Convention, Chicago, Ill.

Sept. 17-20—American Association of Hospital Consultants, Palmer House, Chicago, Ill.

Oct. 1-5—International Congress on Medical Records, Washington, D.C.

Oct. 10-12—Convention, Canadian Association of Medical Record Librarians, Vancouver, B.C.

Oct. 16-18—Associated Hospitals of Alberta, Macdonald Hotel, Edmonton

Oct. 22-24—Ontario Hospital Association Convention, Royal York Hotel, Toronto, Ont.

Oct. 24-26—Saskatchewan Hospital Association Convention, Bessborough Hotel, Saskatoon, Sask.

Oct. 27-29—Canadian Association of Occupational Therapy, Montreal, P.Q.

Oct. 30-Nov. 1—Manitoba Hospital and Nursing Conference, Winnipeg, Man.

Nov. 1-2—A. H. A. Institute on Operating Problems of Small Hospitals, Winnipeg, Man.

Twenty Years Ago

("The Canadian Hospital", Apr., 1936)

Charles A. Edwards, owner of the Edwards Publishing Company and *The Canadian Hospital*, still retains ownership of the journal under the newly formed Canadian Hospital Publishing Company of which he is also business manager. We feel at this time that we should pay tribute to Mr. Edwards for the many years he has devoted in giving to hospitals of Canada a journal of high standard.

Next month we again celebrate National Hospital Day and we urge the active interest of all our hospitals in this one day set aside to endeavour to make the public, whom we serve, "hospital conscious".

Alberta proposes legislation which would permit the treatment of tuberculosis without cost to the patient. It is proposed in the government budget to set aside approximately $280,000 per year for this work; of this $100,000 would be a grant to hospitals to increase their accommodation for tuberculosis patients and the balance would be for the operation of the provincial sanatorium at Keith near Calgary.

The main section of the hospital at Estevan, Sask., was destroyed by fire on February 28th. A dozen patients in the hospital were safely removed. The fire started in the basement of the adjoining Carnduff Hotel, razing both the hotel and a small store. The loss is estimated at $65,000.

A survey of the Vancouver General Hospital, Vancouver, B.C., and its relationship to the community needs was made in February by Dr. William H. Walsh, the well-known hospital consultant of Chicago. The report will not be available for some time yet.

The revamped Health Insurance Act providing for compulsory health insurance in British Columbia passed its third reading a few days ago. Further reference to this measure will be made in our next issue.

G. A. Friesen, business manager at the Saskatoon City Hospital, is temporarily at the Strong Memorial Hospital, Rochester, New York, where he has been sent by his hospital to study various aspects of business administration and other matters relating to hospital direction.

A new wing will be added to the 38-bed general hospital at Cumberland, B.C. The plans, prepared by W. A. Owen of Cumberland, provide for a one-storey building of frame construction, to cost about $5,000.

Arrangements are proceeding rapidly for the erection of a 30-bed public hospital at Kentville, N.S. Plans are now being prepared by the architect.

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Here and There

Treatment of Wounds by American Indians

(The following is an excerpt from an article by W. S. T. Jackson, M.D., which appeared in the "Historical Bulletin" of the Calgary Associate Clinic, August, 1955.)

The American Indians became skillful in the art of treating wounds, possibly because of their frequency. Suffice it to say that all military and medical observors who came in contact with the tribes agreed that they recovered more rapidly than whites from most wounds and many recovered from wounds almost certainly fatal to a white.

Two Indians who were discharged from a military hospital to die made rapid recovery as soon as their own medicine men began to treat them. At a time when gunshot wounds of the bladder were invariably fatal to the whites, the Indians seemed to suffer them with impunity. Although knowing nothing about asepsis, the Indian understood the value of cleanliness in the treatment of wounds.

The wounded were treated individually in their own lodges and were not subject to the so-called "hospital gangrene" which wrought such havoc in the military hospitals of that day. They dressed their wounds frequently with washes, powders and poultices, all of which promoted free drainage, while salves tending to seal the wounds were rarely employed. It will readily be seen that the success of the herbs used depended upon their osmotic and absorptive power. Some of these were roots or bark chewed and applied moist or dried, powdered and blown into the wound, or the turpentine obtained from freshly pounded pine used as a poultice.

Many tribes used to suture the larger wounds with threads of animal tendon on bone needles, removing the sutures in a few days. A thin membrane of bark was often placed between the cut edges before suturing and then gradually removed, allowing the wound to granulate in from below. Some tribes used wicks of fibre for drains. Most tribes contented themselves with removing only the more superficial foreign bodies, but some showed skill in debridement and removal of even deep-seated arrowheads. The control of haemorrhage, granted the lack of knowledge of the ligature, was extremely rational, compared with many fantastic practices used by the Europeans in an era when they did not ligate. Most knew the action of cautery on bleeding vessels.

It was uncommon to find an Indian with a deformity following a fracture. Although they did not use traction, they were skillful in arranging adequate immobilization. Most tribes immediately reduced the fracture and

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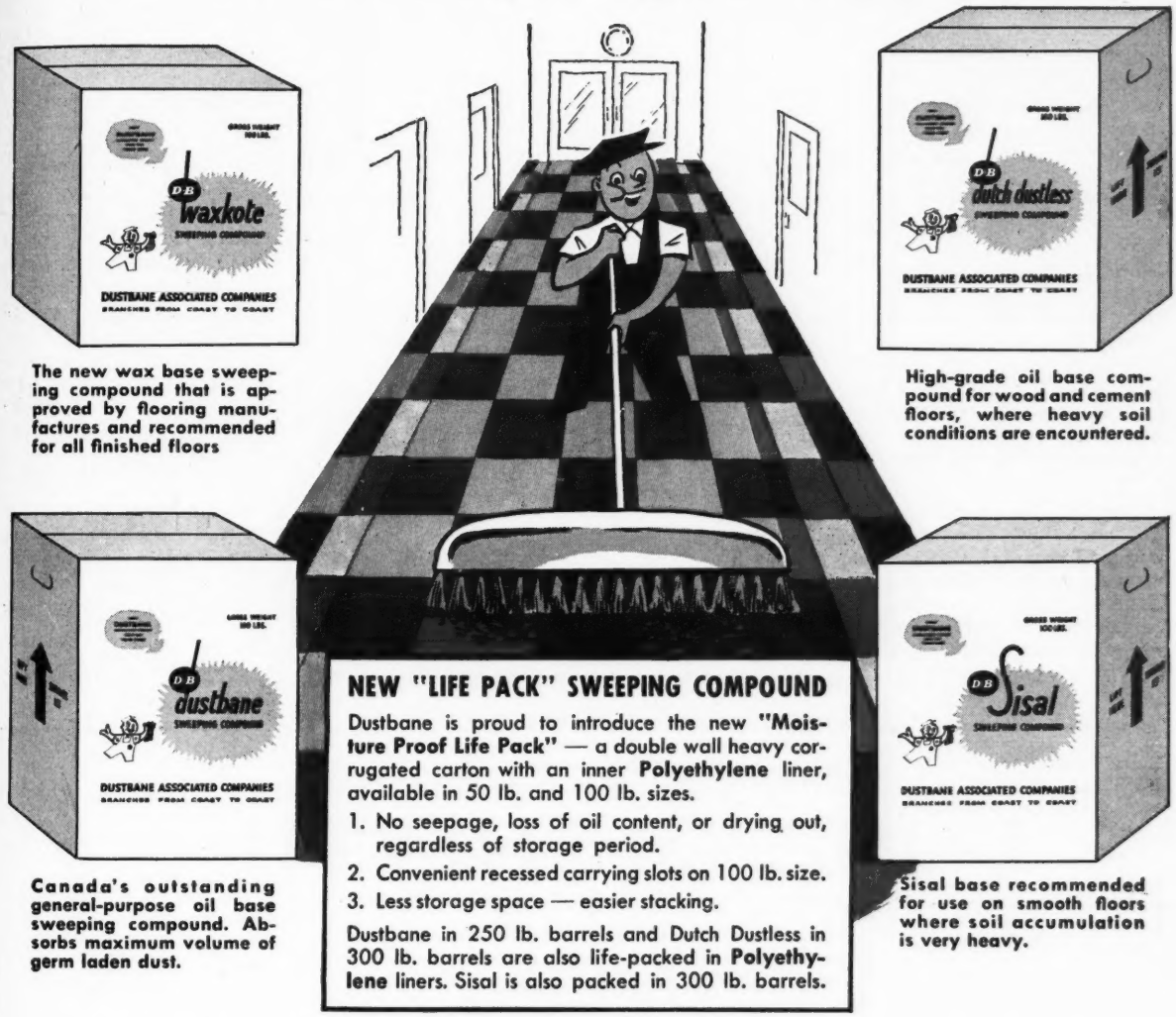

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splinted it with slats of wood, immobilizing neighbouring joints. Leather thongs fastened the slats together and around the limb with adequate space left for treatment of contused or lacerated parts. Through the slots the wounds were treated as though uncomplicated by fracture.

Some particularly clever splints were devised. The Shoshone for instance made a splint of fresh rawhide. The leather was soaked until soft, then moulded to the limb after the fracture was reduced. The surplus hide was then trimmed away and the leather bound in place by thongs. When dry the leather became as immovable a cast as our modern plaster-of-paris. Dislocations on the whole were also well handled, although a few tribes did not understand hip dislocations. They did, however, realize the importance of muscular relaxation and frequently administered nauseating decoctions during attempts to reduce the dislocation.

Surgical methods were of necessity limited. Digits were amputated but not arms or legs. Boils were opened and phlebotomy was widely practised. The Indians of the Great Lakes regions incised and drained empyema. Beyond these procedures Indian surgery did not go.

Considering that the American Indians lived in a Stone Age with a hunting culture where agriculture was rudimentary, the medicine practised was far advanced. The treatment of wounds and fractures was progressive, but internal medicine lagged and there was no knowledge of contagious disease, yet individual technique reduced mortality from cross-infection.

Milk Grows in Indonesia

A "vegetable milk" plant is being set up in Indonesia. It will produce, in powder form, a drink for infants, processed from soybeans, peanuts and malt, inexpensive and plentiful in this non-dairy country where malnutrition among children is severe. Due to go into operation within the next six months, it will serve as a pilot project for similar developments in other regions.

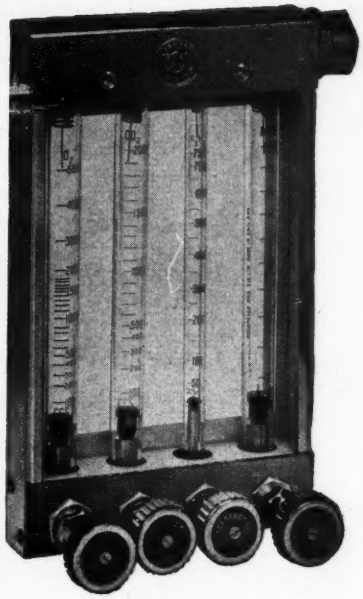
Study Tour in Ireland

The International Hospital Federation's next study tour will be held in the Republic of Ireland from May 21-31, 1956, according to a recent announcement. The tour will include visits to general hospitals, sanatoria, a children's hospital, and maternity, orthopaedic, psychiatric and fever hospitals. Several of the institutions on the program were opened during the past two years. The tour will begin and end in Dublin and will take in such famous beauty spots as Galway, Limerick, Killarney and Cork.

Helicopters—in Hospital Service

Something new in hospital emergency facilities is being initiated at Lutheran Hospital in St. Louis, Mo.—a landing field for helicopters which is said to be the first of its kind in the country. The "ambliport" will be elevated over the centre of an x-shaped structure on the hospital grounds; a ramp will connect it with the top floor of the hospital; and patients can be rolled from the helicopter to the surgery room in a matter of minutes. — *"Hospital Topics", November, 1955.*

In the Eskimo language the word for "I love you" is Univfgssaerntuinalfinajuanjuarisiguejak. Which may help to explain why the Arctic nights are so long.



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Finance and Accounting

(Concluded from page 54)

with Dr. D. F. W. Porter, hospital consultant, Bathurst, N.B.

Blue Cross

The operation of the Maritime Hospital Service Association (Blue Cross-Blue Shield) in which the hospitals are partners, is a most important factor in financing hospital care in Canada's Atlantic Provinces. Although the calm is occasionally ruffled by the necessity of facing the economic facts of life, particularly hospital life, and solving the problems created thereby, the relationship between hospitals and Blue Cross remains one of mutual trust. This was evident in the co-operation of the MHSA and the MHA in planning the institute and in the participation of Blue Cross personnel.

Dr. Joseph A. MacDougall of Saint John, MHSA chairman, addressing a luncheon meeting set forth ten commandments of hospital-Blue Cross relationships. T. L. Doyle, D. O. Downing, associate directors of MHSA, and other Blue Cross personnel, conducted a question and answer period dealing with problems arising in the day-to-day handling of Blue Cross subscribers and accounts. D. O. Downing also presented a thought-provoking paper on automation and the application of knowledge of the electronic age to the hospital business office.

Hospital representatives were guests at a reception tendered by Blue Cross before the closing dinner, which featured an excellent address by Stuart K. Hummel on the role of the hospital trustee and the relationship between the trustees and the hospital administrator. A side-light of the dinner was the introduction, by Ruth C. Wilson, Executive Director of the MHSA, of Dr. A. F. Anderson, former superintendent of the Royal Alexandra Hospital in Edmonton and one of Canada's outstanding hospital administrators. Dr. Anderson was in Moncton to attend the annual meeting of the Dominion Curling Association. Rupert H. Stocker ably presided.

At an earlier dinner meeting the unlikely topic (for a hospital audience) "English Literature" was made extremely interesting and highly enjoyable, punctuated, as it was, with wit and humour, by the speaker Magistrate W. F. Lane of Moncton.

"The Best Yet"

From beginning to end the institute reflected good organization and planning. The meeting hall itself was well arranged with displays of modern accounting machines and other office equipment, the walls appropriately decorated, and the front of the room was dominated by the man of figures in his customary position. The programs were attractively designed and easily read. One heard frequent comments on the excellence of the arrangements and the quality of the program. The Maritime Hospital Association, the Blue Cross organization, and particularly Walter Dick and his associates, set a high standard indeed. Accounting, described as "the art of *recording, classifying,* and *summarizing* in a significant manner . . . and *interpreting* the results thereof", is receiving careful attention in the hospitals of the Atlantic provinces.—*Murray W. Ross.*

Searching Inland Waters

The Sanatorium Board of Manitoba undertook an unusual search for cases of tuberculosis. Backed by the Canadian Fishermen's Association, the Department of Mines and Natural Resources provided a 45-foot patrol boat, to visit fourteen points in the inland waters of the province, 11 for the first time. Two of the 595 fishermen examined were advised that follow-up was needed.

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DIVISION OF THE KENDALL

Provincial Notes

(Concluded from page 58)

eral hospital here will begin shortly. The capacity will be increased from 43 to 100 beds and 24 bassinets. The cost of the project is estimated at $730,000, and architects are Drever and Smith, Kingston. The building is expected to be completed in the autumn.

• • • •

HANOVER. When Open House was observed at Hanover Memorial Hospital recently, between 700 and 800 visitors from Hanover and district took advantage of the opportunity to see the new wings which had been opened to patients shortly before.

• • • •

MILTON. Construction of a 60-bed Milton General Hospital is to start this year. Receipt of $100,000 in provincial and federal grants are anticipated to help meet the estimated cost of $600,000. A five-acre site has been offered without cost by a subdividing firm, Canada Development Co. The present 15-bed private hospital may be turned into offices for medical practitioners when the new structure is completed. The hospital will serve approximately 10,000 persons, from Milton and the surrounding area

• • • •

NIAGARA FALLS. Construction has begun on the new 278-bed Greater Niagara General Hospital. It will contain a piped central oxygen system, an automatic video nurses' call system, special over-bed lights, complete air conditioning for surgery and delivery, an automatic laundry system, and a completely automatic boiler room. The total cost is estimated at over $3,000,000, including land, equipment and architects' fees. The architect is John Parkin of Toronto, with the firm of Agnew, Craig and Peckham as hospital consultants.

Quebec

MONTREAL. Two-thirds of the construction work on the new 800-bed St. Justine Hospital has been completed. The two underground floors could be used as an air raid shelter in time of war, the reinforced concrete in the two floors being so strong that it would not be damaged if the huge hospital superstructure crumbled onto it. The protected space could house some 25,000 people in an emergency and they would be safe from anything but a direct hit by a thermonuclear weapon.

• • • •

MONTREAL. Notre Dame Hospital unveiled on January 10 the new cobalt moving beam theratron unit donated by J. W. McConnell. This is the third such unit to go into operation in Montreal; the other two are at the Montreal General Hospital and the Royal Victoria Hospital. The new unit rounds out an adequate range of radiation treatment facilities at this hospital.

New Brunswick

BATHURST. Male candidates were formally accepted as students in nursing at Hôtel Dieu de St. Joseph at a "capping" ceremony this year. Instead of the traditional cap, they were presented with crests, certifying they had successfully passed the necessary five-month probationary period, in nursing science and training.

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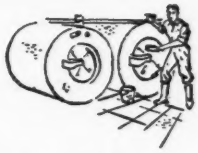

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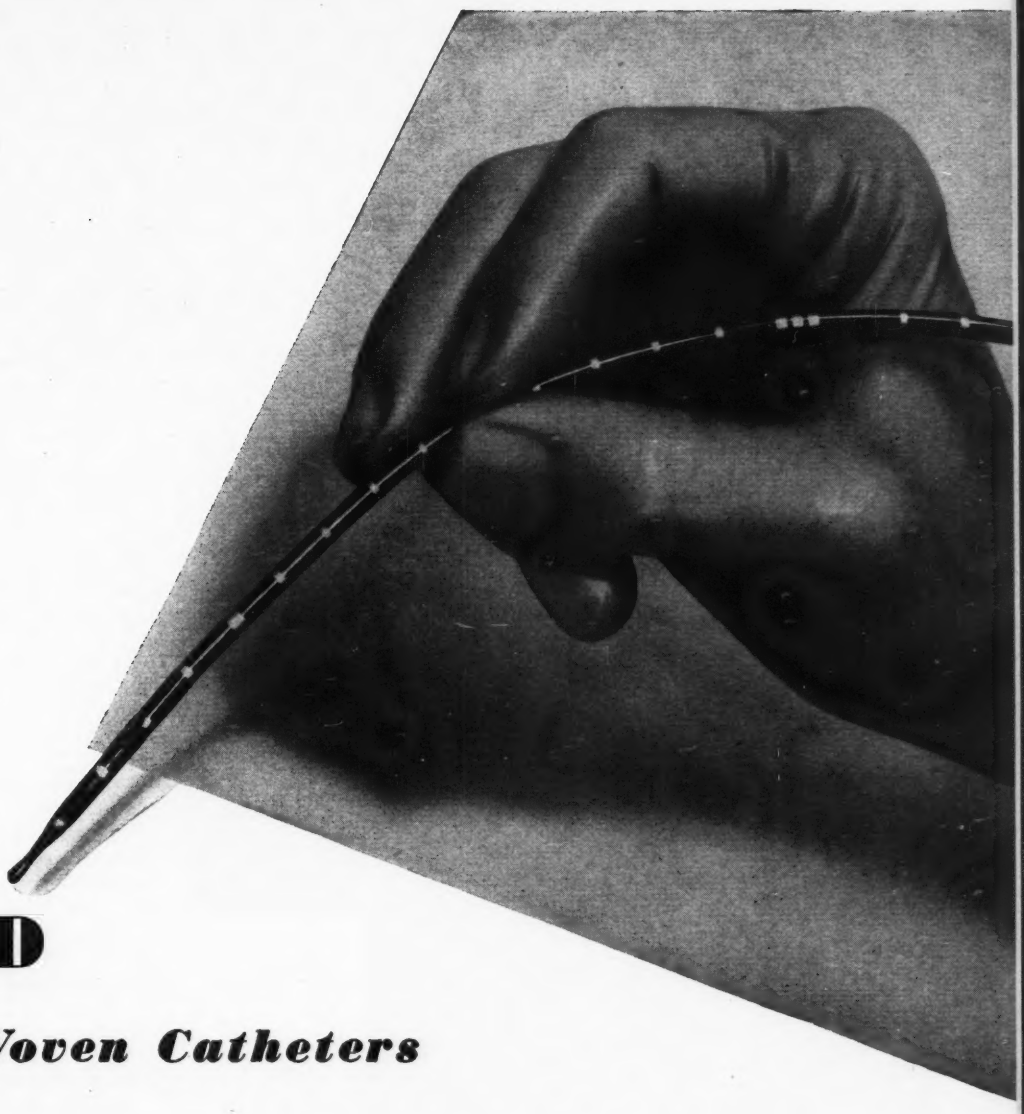
Dawn of Hope

Eight years ago India had only 5,000 beds for its two million cases of tuberculosis. As a result of the first Five Year Plan for Health nearly 20,000 beds are now available for such cases. The Second Five Year Plan will raise this number by a further 15 to 20 thousand.

Under the country's mass BCG program, 56 million have been tested and 18 million children and young people vaccinated. It is hoped to protect the entire susceptible population within the next five years.



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Of Great Importance

(Concluded from page 56)

son in your organization, do so in the same manner as you would if you were purchasing these articles for your own personal use and spending your own money. Don't feel the top-priced article is the only one. Buy for durability, ease of maintenance, reduction in labour costs, savings in food waste, et cetera.

When considering quantity of equipment, remember that a large amount of floor space costs money to provide and maintain, so be economical but not skimpy. Labour-saving equipment is only labour saving when it is used; not when it is idle.

Specific things to watch for in planning or checking a blueprint include:

1. Aisle space—a traffic aisle for trucks should be at least four feet wide.

2. Cupboard door swings — allow the width of the door plus 18 to 24 inches for the person opening the door. It should swing open to the most convenient side.

3. Cheap hardware is no economy. It is always advisable to specify a branded line.

4. Shelving — consider the material: wood is expensive and should be lined with linoleum for easy maintenance; galvanized material is usually satisfactory and can be sprayed with aluminum or enamelled; steel is very good and usually adjustable; stainless steel is most suitable for refrigerator and pot storage where there is moisture. Portable shelving has many advantages in walk-in refrigerators or for pan storage.

Consider the gauge of the metal used throughout. The lower the gauge number the heavier the metal, *e.g.*, No. 12 to 14, dishwashing counters; 14, cafeteria counter tops; 16, shelving; 18, doors, light shelves, splashbacks, kick plates; 20 to 22, door linings or facings on drawers.

When considering drawers, specify rounded ends for easy cleaning, recessed locks to be flush, top edges that turn out, not in, and ball bearing rollers. Trays should be of standardized sizes. Have all racks, trucks, under counter angle slides, dish racks, et cetera, made to take that size. Dollies for garbage cans are a great time-saver.

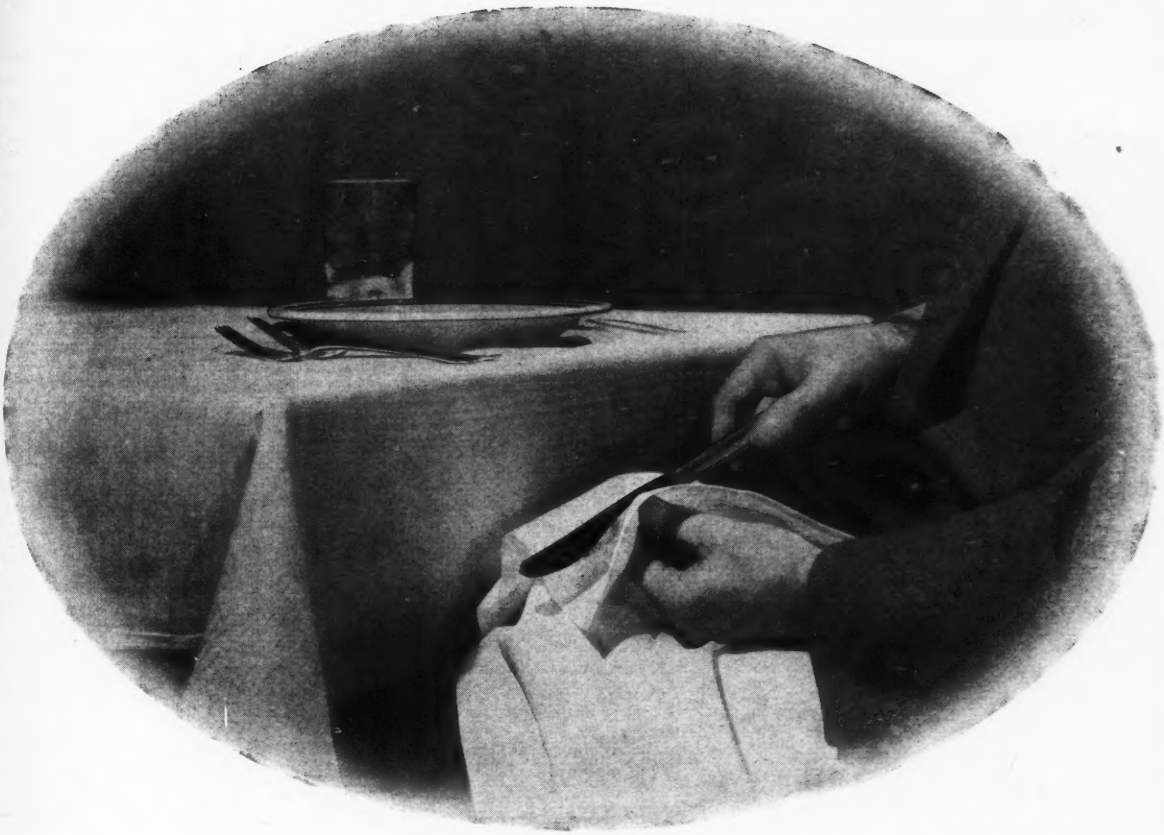
There are several types of hot food tables. Advantages of the steam table are that it keeps food hotter and moist and is more adaptable to various sizes of inserts. A disadvantage is that there is a hazard of accidental burns and steam will condense on the glass protection plates. Advantages of the electric hot food table are that it is easy to keep clean and to see the food. Disadvantages are that the food is apt to dry out and pan depths cannot be interchanged.

This is just a brief idea of the kind of information a dietitian should be able to give the architect to help make her working area more efficient.

AHA Reports Increase in Room Rates

The American Hospital Association has announced that hospital room rates in general hospitals in the United States have increased approximately five per cent in the past year, according to the association's annual survey of hospital rates. The report is based on 2,639 completed questionnaires from short-term general hospitals in the United States and Canada.

National averages for the various types of room accommodation are: single room, $14.14; two-bed room $11.51; and multi-bed rooms, $9.84. These figures cover the hospital room, all meals on general and special diets, general nursing service, medical records, routine housekeeping, et cetera.



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Making sanitation a science

Ward Secretary

(Concluded from page 46)

the duties be clearly outlined and that the secretaries adhere to the outline. Compared with nursing personnel the turn-over for ward secretaries is very small and little time is lost due to illness and absenteeism. If selection is good and orientation complete, ward secretaries do not present difficulties in themselves but are the answer to many of the problems of the busy nurse.

National Hospital Day

(Concluded from page 50)

slides through their television outlets.

The general public is also made aware of National Hospital Day through promotional aids offered by this association, including editorials for local use, editorial cartoons, hospital films, career posters, as well as other literature, *e.g.*, a suggested local program in booklet form. Promotional aid requisition forms accompany the material circulated and frequent "action" bulletins are being distributed, as in other years, to promote and stimulate local hospital interest.

A National Hospital Day program, whether provincial or local, is not designed to achieve immediate results. It should be considered a long-term project; and if it encourages increased public interest in hospitals and the job they are trying to do for the community, then the program is justified.

Young Volunteers Aid Texas Hospital

About a year ago, Baylor University Hospital in Dallas, Texas, initiated a training program for high school girls who were interested in nursing or a related field. The primary object of this program was two-fold — first, to give these girls the chance to see what hospital life behind the scenes was like; second, to give patients a supplementary service. The hospital reports that the experiment has proved highly satisfactory.

Officially, the girls are part of the Volunteer Service Corps, which is a function of the hospital's Public Relations Department. This department took charge of recruiting volunteers for the first orientation class, while the director of nursing service made the final decision on each girl's application.

The junior volunteers are trained for such routine but necessary jobs as making beds, feeding patients, distributing mail and arranging flowers, thus freeing busy nurses for their more specialized work.

Federal Grants

(Concluded from page 64)

psychiatric services for Toronto and district. Psychiatric units of this type increase the possibility of making medical attention available for psychiatric illnesses in their early stages and help patients to avoid long-term hospitalization in a mental institution.

Public Health

In Newfoundland a grant of $8,750 has been awarded to St. John's General Hospital. The purpose of the grant is to help provide equipment for taking routine x-rays of all admissions to the hospital. This new service will contribute to the early diagnosis of tuberculosis in Newfoundland. Also in St. John's, St. Clare's Mercy Hospital will receive a grant of $4,000 to help provide equipment needed to improve facilities for child and infant care.

Federal health grants totalling $73,950 have been awarded to Manitoba for special projects involving child and maternal health and medical rehabilitation. A grant of $63,205 will go towards the purchase of Manitoba's allotment of poliomyelitis vaccine for this year's immunization campaign. Through the National Health Program the federal health department now shares the costs of the vaccine with the provinces on a 50-50 basis. A medical rehabilitation grant of $10,745 will be used to provide physiotherapy and occupational therapy equipment for the departments of physical medicine in the Winnipeg General Hospital, the St. Boniface Hospital, and the Winnipeg Municipal Hospitals, for use in the province's rehabilitation program.

Professional Training

The provincial department of health of Ontario has been awarded a grant of $2,550 to assist in setting up a demonstration course for nursing assistants at the Central Technical School, Toronto. The purpose of this project, which will be undertaken on a three-year trial basis, is to explore the possibility of developing training courses for nursing assistants in technical schools. Nursing authorities feel that many more girls would be interested in becoming nursing assistants if vocational schools provided the opportunity for such a career. The new course, which requires two years to complete, will be set up at the Central Technical School, with clinical training being given at the Women's College Hospital.

Research

A study of the work of the general practitioner in Canada is the purpose of a public health research grant of $2,475 to Ontario. The study, part of a three-year survey of general medical practice in Canada, will be undertaken by the Department of Hygiene and Preventive Medicine, University of Toronto, in association with the College of General Practice of Canada. The study will help to determine the kind of general practice needed by the Canadian people, the type and volume of illness treated by the general practitioner, and will assist in designing a continuing educational program for general practitioners.

Heart Foundation Launches Program

Research and training are the core of a program now being launched by the recently formed Ontario Heart Foundation in an all-out attack on heart disease. Aim of the organization is exploring the entire field of heart and blood vessel problems and carrying this information to doctors all over the province. At present it links together heart specialists in Ontario and involves 17 research projects in four Ontario universities, together with their associated teaching hospitals. Grants totalling some $50,000 have already been approved by the foundation. The present program is based on five years of detailed study by specialists and laymen.

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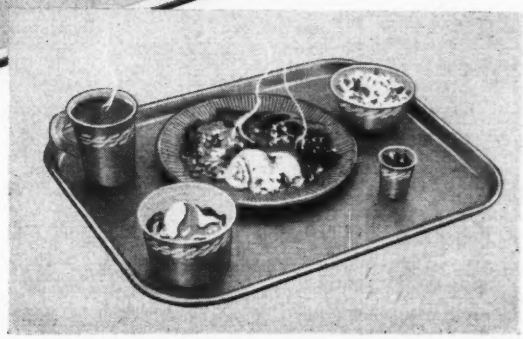

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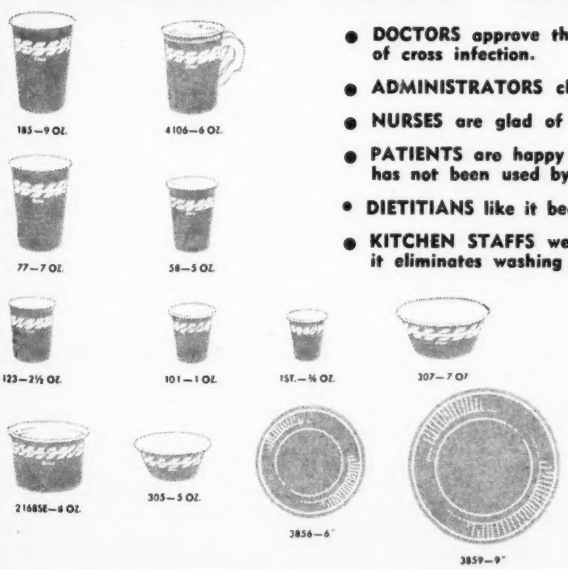

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Holy Family School

(Concluded from page 48)

under the direction of Sister M. Germaine, R.N., director of nursing, and Sister M. Rosarie, R.N., director of nursing education.

The School System

Holy Family Hospital School of Nursing participates with eight others in the province in what is known in Saskatchewan as the centralized teaching program (see page 39), financing of the program being shared by the participating hospitals. The total approved budget for 1956 worked out to an average cost of $142.72 per student. Holy Family's share of the total amounting to $4,138.88.

The students begin their course by taking their first four months as a purely academic experience in the centralized teaching program at Regina College, or at the University of Saskatchewan. The subjects taught during these four months include anatomy and physiology, microbiology, elementary pharmacology, nutrition, principles and applications of health teaching, psychology, mental health, English, sociology, and nursing science. The courses in ethics, sociology, psychology, and religion, for Roman Catholic students, are given at Campion College in Regina, and at St. Thomas More College in Saskatoon. The method of instruction used for the remainder of the three-year course is the partial block system, introduced at Holy Family School of Nursing last fall.

The school motto is *Semper Fidelis* —always faithful. May those who have gone forth — may those preparing now — be *semper fidelis* to all the highest ideals set before them in their training school, to the ideals embodied in their Nightingale Pledge, and in the International Code of Nursing Ethics.

Homograft Bank Saves Lives

The world's first civilian skin bank is rendering invaluable service at Barnes Hospital, St. Louis, Mo. In the opinion of its director, Dr. J. B. Brown, techniques of preserving and using human skin for repair of burns should be standard surgical resources. They are now so highly developed that many lives can be saved by prompt grafting with skin supplied by post-mortem homograft. Their importance in the event of a national emergency or local disaster has been proved. In one instance, out of 11 patients treated simultaneously for injuries affecting as much as 70 per cent of their bodies, 10 survived. Methods of preserving homografts are now simple and practical enough to make skin banks feasible in any hospital with a good surgical service. A well-trained surgeon with some experience in skin-grafting technique is capable of obtaining and applying homografts. Chances of a patient surviving vary in proportion to the effective coverage of the wound. Sheets of skin as large as 30 by 6 inches may be obtained. Viable skin has been taken as long as seven days after decease, with correct refrigeration, It can be preserved from 3 weeks to several months and, if necessary, can be shipped from the point of supply to the point of need. — *From a feature in "Scope Weekly", February 15, 1956.*

Congress on Medical Records

The Second International Congress on Medical Records is to be held in Washington, D.C., from October 1-5 of this year, it was announced recently by the American Association of Medical Record Librarians. Further information may be obtained from the association's executive director, Miss D. Gleason, 510 North Dearborn St., Chicago 10 Ill.

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Ten Years of "Mercy Flights"

Ten years of flying emergency passengers in all weather is the remarkable record of the Saskatchewan Government Air Ambulance Service. Its pilots — veterans in making difficult night flights, landing and taking off from farm fields instead of airports—have logged more than 2,250,000 miles. Before entering the Service, nurses must have at least three years' practical experience after graduation, while pilots must have a minimum of 1,500 flying hours. The Saskatoon base operates with one Cessna aircraft, one pilot, a flight nurse, and an aircraft engineer. At the original airport base in Regina there are three Cessna aircraft and a Beechcraft. Aircraft companies, such as Saskatchewan Government Airways, look after northern patient flights, transferring them to air ambulance planes at airports further south.

A new aircraft has to be considerably modified for ambulance use. Specialized equipment includes two portable respirators, used in the treatment of bulbar polio victims; and two new-type incubators which are ideal for transporting premature infants. Charges, greatly reduced since initiation of the service, are now 35 cents per patient mile both ways, with passengers at seven cents per mile. The attending physician (or an equally responsible person) must make the call for an emergency flight, after arranging for hospital accommodation at the centre to which the patient is to be flown. Air Ambulance aircraft will land almost anywhere, anytime, except during spring break-up when there is service only from airport to airport. Various communities in the province have constructed landing facilities for aircraft, which not only help the Service's pilots by making landings and take-offs easier but also speed up the process of getting emergency cases to hospitals.

RNAO to Have New Headquarters

Work is expected to begin in the near future on a new headquarters building for the Registered Nurses' Association of Ontario; this will be the first building of its own that the organization has had. It has been made necessary by a considerable increase in membership during the past few years. Of the 26,315 nurses registered in Ontario in 1955, 62 per cent belong to the association, constituting over one-third of the membership of the Canadian Nurses' Association. In 1951, only 35 per cent of Ontario nurses belonged to the provincial organization.

New style accounting
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SAVES 20% TO 40% OVER OLD-FASHIONED METHODS

STANDARD FULL AMOUNT KEYBOARD • Faster, easier to operate • All ciphers print automatically • Amounts fully visible; can be quickly verified, or errors corrected, before printing • Two or more keys can be depressed simultaneously • "No Glare" finish eliminates eye fatigue • Up to 14 key columns of listing and accumulating capacity available • Additional symbol keys also available.

ELECTRIFIED TYPEWRITER KEYBOARD — Standard arrangement — familiar to every office worker. Smooth, easy to operate. Permits unlimited description on same machine. Ideal for invoicing.

It combines more money-saving time-saving features than any other accounting machine.

FREE BOOKLET: "How to save money on your accounting." Available from your local National representative or write to the Company, 222 Lansdowne Avenue, Toronto, Ontario.

Ask your nearest National representative for further details

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Head Office: Toronto Sales Offices in Principal Cities

156

Three Virtues

There are three qualities needed in words: accuracy, clarity and simplicity.

Having collected the best evidence to support what we are to write (for we cannot divorce accurate language from accurate thought) then we must take care to clothe our ideas and images in precise words.

The second quality is a "must". The more clearly we write, though at the expense of a little time and some pains, the more easily and surely we will be understood. If we flow muddily, too careless or too lazy to spend the time and endure the labour of clarifying our stream of thoughts, we must not expect our readers to catch all our intended meanings.

The core of what we wish to say may be eaten out by use of abstract words. Even if we have a soft spot in our hearts for abstract nouns like fraternity, peace, prosperity, and goodwill, we have to bring our letters and our talk within the bounds of people who are interested in realities.

We must write within the word knowledge of our audience, if we are to make sure of being properly understood. Edgar Dale, writing in *The News Letter*, published by the Bureau of Educational Research of Ohio State University, tells an amusing illustrative story: "A little girl told her mother that the superintendent of the Sunday school said he would drop them into the furnace if they missed three Sundays in succession. He had said that he would drop them from the register."—*The Royal Bank of Canada, Monthly Letter, August 1955.*

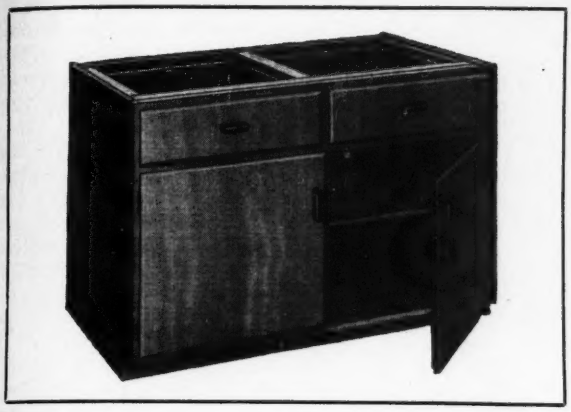
Instruction in Nursing Tuberculosis Patients Planned

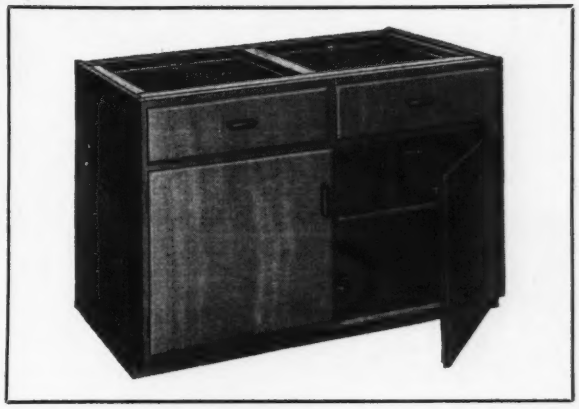
Through negotiations on the part of the Cape Breton Regional Hospital Group and the Cape Breton-Victoria Branch of the Registered Nurses' Association affiliation, in nursing patients with tuberculosis, has been arranged with the Point Edward Hospital, Sydney, N.S., for student nurses from the schools of nursing in this area. A very good program of instruction and clinical experience has been planned.

The Blooper

Standardization is a desirable feature in hospital construction, but it can easily be overdone when signal system cords are installed in the *bassinet* section of the paediatric department. The sick baby can't pull the string, but the administrator can, and did, pull a "blooper". — *Texas Hospitals.*

these cabinets LOOK alike -

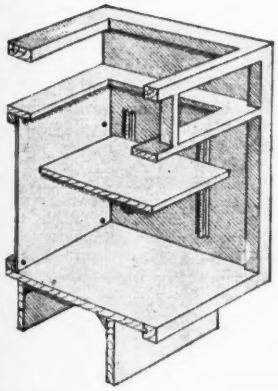




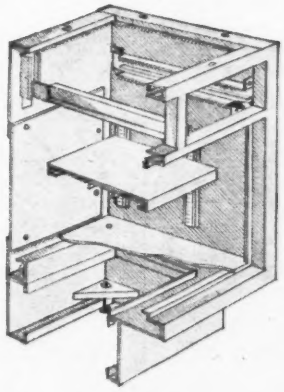
why is this a better buy ?

the cabinet on the left is built to rigid specifications that will ensure long and satisfactory service under laboratory conditions. The cabinet on the right is built to ordinary specifications — sufficient for service in a kitchen — but not adequate at all in the average laboratory. So when buying laboratory furniture, it is essential to look beneath the surface for the quality features that mean economy and satisfaction . . . .

these are the reasons . . .



If it is a wood cabinet from WILSON, it will have extra heavy construction, all stiles and posts 1¼" x 1¼"; all joints mortised and tenoned with heavy tenons and mortises as deep as practicable. Drawer sides attached to drawer front by carefully fitted, glued dovetail joints, not lapped, grooved or nailed. Heavy hospital type hinges 2" x 2½"; cadmium plated drawer stopper, etc. Special lacquer finish, highly resistant to moisture, acids and alkalis.



If it is a metal cabinet bearing the WILSON name, you will find extra heavy construction, spot and arc welds ground and polished smooth; cabinets fully reinforced with 16 gauge angles, channels and gussets to carry load; 18 gauge ends, backs, doors and drawers. Drawer guides, 16 gauge channels with anti-friction side head; ball bearing roller mounted at front of each guide. Drawers have double wall fronts. Complete unit is bonderized and finished with special chemical-resisting enamel baked on at 310° F.

Ask a WILSON technical consultant to show you construction shop drawings, and discover these quality features and many more.

See us at the Hospital Show and the Society of Medical Technologists Convention; both in June.

"The firm that quality built with service"

james h. WILSON *limited*

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Paracelsus— the "Luther of Medicine"

The three great medical leaders of the Renaissance were Vesalious in anatomy, Paré in surgery, and Paracelsus in medicine. They led the revolt against the past and the search for new and better methods.

Paracelsus (1493-1541) was the most controversial figure of this period. He had many opponents and was classed as a charlatan and a quack. In the 19th century, however, his greatness was understood. Osler called him the "Luther of medicine" and Garrison refers to him as "the most original thinker of the 16th century".

Paracelsus was born at Einsiedeln near Zurich, the son of a country doctor. He received his medical degree under Leoniceneus at Ferrara. After graduation he travelled widely through Europe, for, he wrote, "the Doctor must be a traveller, because he must enquire of the world". On his return to Switzerland in 1526 he was appointed town physician at Basel and lecturer at the University. He incurred disfavour because he lectured in German rather than Latin, compounded his own medicines, and condemned the ancient writings, prefacing his lectures by publicly burning the works of Galen and Avecinna. As a result of his intolerant and injudicious behaviour, he was obliged to resume his wanderings.

Paracelsus was a voluminous writer, although few of his works are extant. Philosophy, alchemy, astronomy and virtue were the pillars of his faith. By philosophy he meant knowledge of natural phenomena. His watchword in practice was "experiment controlled by authoritative literature". He was an admirer of Hippocrates. His alchemy was an attempt to explain health and disease in terms of chemistry. He discarded Galen's doctrine of the four humours and taught physicians to substitute chemical therapeutics. He believed that the "physician must be a God-fearing man for medicine was more than a collection of facts". It is said that he believed in the "powder of sympathy": that strange practice extolled later by Sir Kenelm Digby. He was the first to write on miners' disease, to establish the relationship between cretinism and endemic goitre and to note the geographic differences in diseases.

Whatever view we take of Paracelsus, we must admit that he gave a powerful stimulus to original thinking. He drove full tilt against the superstitions and the dogmatic ideas of the ancients, thus preparing the way for innovation and advance.— *"Bulletin of the Academy of Medicine," Toronto.*

C.N.A. Biennial Meeting

The 28th biennial meeting of the Canadian Nurses' Association will be held, June 25th to June 29th, at the University of Manitoba, Winnipeg, Man. The theme "Nursing Serves the Nation" will be discussed from various viewpoints.

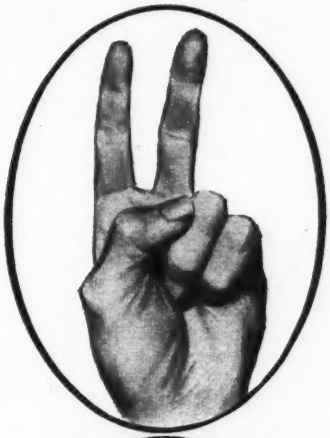
A new booklet prepared by the Canadian Nurses' Association, *Public Relations Guide*, will be introduced during the public relations panel discussion entitled "Inform the Nation". The topic "Toward Better Nursing" will include a skit on head nurse activity, followed by a question and answer period. Margaret Arnstein, international figure in Nursing Research and presently chief of the Division of Nursing Resources, U.S.P.H.S., will be a speaker. Mrs. Adelaide Sinclair, O.B.E., LL.D executive assistant to the Deputy Minister of National Health and Welfare (Welfare) will deliver an address on nursing service in relation to the total picture of health and welfare for the Canadian people. A panel will discuss accreditation of schools of nursing and its possible effect on nursing service and education. Another field to be explored is new approaches to civil defence.

Special films will be shown at intervals during the convention. Added spice will be a barbecue supper, a variety concert in "Theatre under the Stars", sightseeing drives, boat rides, and an Old Tyme Fashion Show.

now! Vollrath meets another hospital need

with two new stainless steel utensils that make it easier to care for patients

Both these new utensils make a practical and much needed contribution to easier hospital care—easier for patient and attendant. And both are symbols of Vollrath's continuing service to the medical profession—with better clinical utensils of the finest quality.



No. 8913

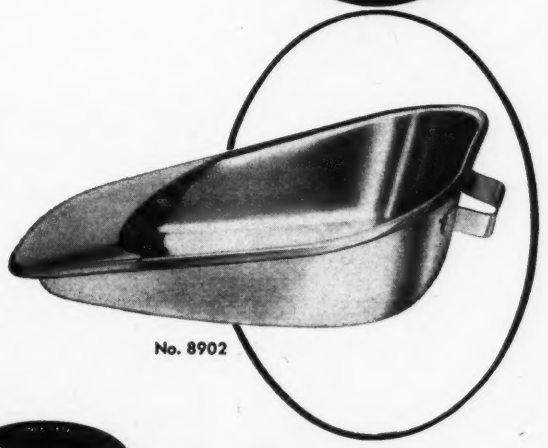
NEW!

a smaller 24-oz. stainless steel urinal

no larger than necessary... no heavier than necessary.

Hospitals already using this smaller urinal endorse it heartily. Its smaller size makes it lighter in weight, easier to handle—and less expensive—than the larger, heavier 2-quart urinal. And its 1½-pint (24-oz.) capacity is adequate for general hospital use. Made in heavy-gauge seamless stainless steel.

Made only by Vollrath



No. 8902

NEW!

stainless steel fracture bed pan

smaller—flatter—easier to use with immobilized patient

The *only* fracture bed pan in *stainless steel*—made with a low, flat, sloping top much easier to use with patients unable to move. And like all Vollrath hospital ware it's easy to clean and certain to conform to the most rigid sanitary standards. It offers far more in convenience, utility, and durability.

Made only by Vollrath

Only Vollrath offers a **complete** line of stainless steel and porcelain enameled steel utensils to meet every hospital need and every department budget. Identifying numbers stamped on all stainless steel items facilitate ordering.

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Pair of Hands

(Concluded from page 35)

duties she has learned. Nursing techniques requiring special skills and observations and the care of the acutely ill patient are beyond her reach and she should not be placed in a position where she has to assume these responsibilities.

The most effective use of the nursing assistant may be made when she is working in close relationship with the nurse in what is coming to be recognized as a team or group of nurses. In this situation a group of people care for a group of patients with a nurse ultimately responsible for the total nursing care given to the patients in her group. She is responsible for assigning the duties to each member, and for the supervision of the members and providing leadership. This method should make full use of nursing assistants, thus permitting the nurse to give more comprehensive nursing care and resulting in better care for the patients in our hospitals.

Two-Year Course

(Concluded from page 38)

A completely objective evaluation* was undertaken by Dr. Stuart Wallace, Librarian Emeritus, University of Toronto. The report is broken down into various phases: the story of the experiment; the report itself; the cost; and certain appendices. The author, in one of the final paragraphs, states: "It is therefore my opinion, based on the evidence I have gathered, that the experiment in nursing education conducted at the Toronto Western Hospital since 1950 has achieved its two main objectives. It has attracted an ever-increasing number of candidates for the nursing profession; and it has demonstrated that, once the school is given control of the students' time, it is possible to prepare a nurse as satisfactorily in two years as in three."

*"*Report on the Experiment in Nursing Education of the Atkinson School of Nursing, The Toronto Western Hospital, 1950-1955."*

Head Nurse

(Concluded from page 66)

tivities for head nurses is systematic and detailed. It should be of considerable help in conducting other studies.

3. The careful allocation of functions to the appropriate nurse status by the Canadian Nurses' Association representatives at the request of the research group provides a new and authoritative basis for further research in the evaluation of nursing functions.

4. In view of the importance of the possibility of re-allocation and delegation of head nurse activities, the investigation of the functions of other members of the nursing and auxiliary staffs would certainly seem a fruitful field for further research. They should be considered in relation to the actual and appropriate qualifications of such staff members. This applies particularly to the ward clerk.

Thus, in Canada we have had an analysis of the duties of a head nurse. We have a completed research project initiated by the Canadian Nurses' Association with the co-operation of our government. In the United States similar studies have resulted in improved head nurse duties and nursing service. What are hospital and nursing administrators going to make of this study in order that we may improve the nursing care of that V.I.P. — the patient?

Orienting the Newcomer

(Concluded from page 49)

work but it is necessary that we know of their work as applied to the institution we help to guide. There is no room in the care of the sick for rivalry or jealousy. At both local and regional levels, studies could be made in the search for duplication of services and personnel. If any of these could be eliminated it would reduce cost. If one hospital buys a piece of equipment, possibly the other hospitals of the city or region could all use it. Personnel could be studied in the same way.

Trustee hospital responsibilities pose new questions, new problems, constantly and consistently. We are going to have to debate, to study, to decide upon each and every question that arises. We are always going to be busy and we must meet and solve every poser with logic and a cool head, separately, and as wisely as we know how. Harmony and co-operation on a board of directors will pull the hospital through its childhood diseases and growing pains.

Sometimes when a man thinks his mind is getting broader, it is just his conscience stretching. — *English Digest.*

Assistant Dietitian

For Moncton Hospital, Moncton, N.B. (210 beds). Five dietitians on staff. Straight 8 hour-day. Please apply to Chief Dietitian.

Administrative Personnel Placement Service

Mary A. Johnson Associates welcomes inquiries from Hospital Trustees and Administrators for assistance in locating Administrative and Department Head Level Personnel for Hospital and Medical Group positions.

Dr. Johnson is trained and experienced in Hospital Administration as well as Personnel Management and is available for Consultation of Personnel needs.

Our files contain many well qualified personnel as well as interesting openings.

We pride ourselves on careful screening of all our clients and thorough investigation of openings. Our aim: to match the applicant and the specific position.

All inquiries strictly confidential

MARY A. JOHNSON ASSOCIATES

11 West 42 Street, New York 36, N.Y.
Mary A. Johnson, Ph.D., Director

Pharmacist Wanted

Applications are invited for the post of pharmacist at St. Paul's Hospital, Saskatoon, vacant mid-summer. Person appointed will take charge of pharmacy; duties will include purchasing, control of stock and dispensing. Salary commensurate with qualifications and experience. Apply to Sister Superior at the hospital.

Dietitians Wanted

Two dietitians wanted by May 1st for 200 bed hospital. New Kitchen going to be built. Full maintenance if desired. Salary open. Apply stating experience and salary expected to: Administrator, Prince Edward Island Hospital, Charlottetown, P.E.I.

Position Wanted

Accountant-office manager, experience in 85-bed hospital, requires position in hospital of similar or larger size: Apply Box 1013M, The Canadian Hospital, 57 Bloor St. West, Toronto, Ontario.

QUEENSWAY GENERAL HOSPITAL
TORONTO 14, ONTARIO

New hospital scheduled to open August 1st, 1956. Applications invited for the following key positions:

Chief Dietitian
Comptroller
Director of Nursing
Executive Housekeeper
Medical Record Librarian
Medical Social Service Worker
Pharmacist

Reply to Administrator, giving personal data, experience and salary range.

Radiologist's Services Required

The services of a certified Radiologist are required for a 60 bed hospital serving about 25,000 persons in the area. Staff of well qualified Doctors working at the Hospital. Every opportunity for the right applicant to expand the service. All applications confidential and will receive replies. Reply to Box 415Y, the Canadian Hospital, 57 Bloor St. W., Toronto, Ont.

Laboratory Technician Wanted

For 300 bed Hospital in Metropolitan Center. Apply stating qualifications and salary expected to Box 403M, The Canadian Hospital, 57 Bloor St. W., Toronto 5, Ont.

University Hospital Saskatoon, Sask.

Applications are invited for the posts listed below:

Chief Medical Record Librarian— $3,600.-$4,200.

Assistant Medical Record Librarian— $3,000.-$3,600.

The University Hospital is a new 500 bed hospital with a well equipped record department. There is a pension plan and three weeks holidays per year are allowed. Applicants should be graduates of an approved course and be registered, or eligible for registration in the Canadian Association of Medical Record Librarians. Applications should be made to the Executive Director, University Hospital, Saskatoon, Sask.

Director of Nursing Wanted

Applications are invited for the position of Director of Nursing: Hospital capacity 275 beds, 26 bassinettes. This position would include overall supervision of nursing and nursing education; School of Nursing of 53 students.

Applications should be addressed to the Administrator, General Hospital of Port Arthur, Ont., stating qualifications, experience and salary requirements.

WANTED

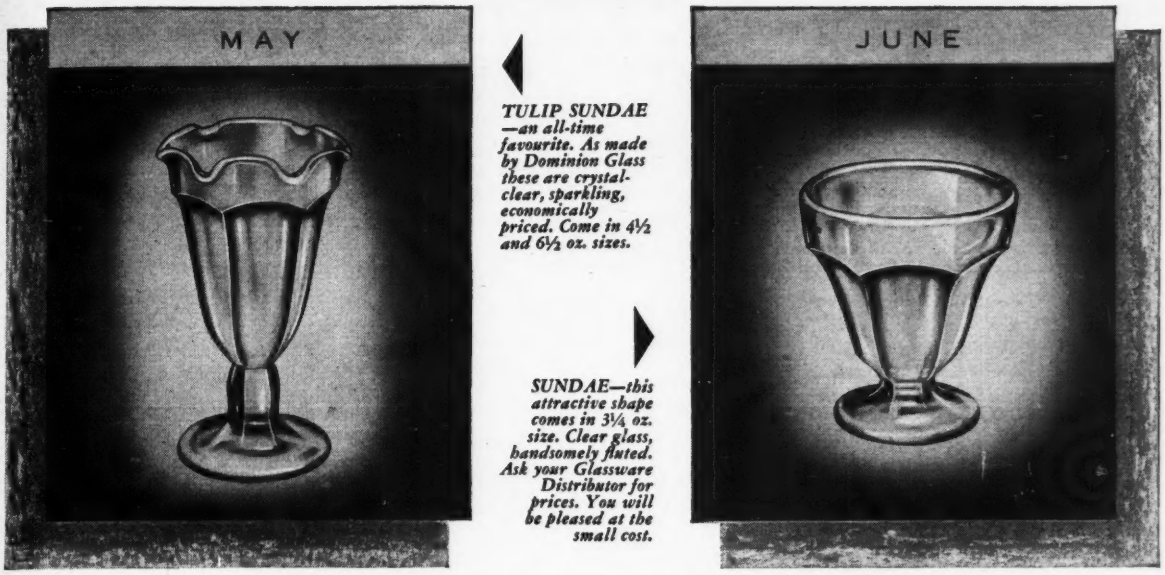
2 Graduate Nurses
1 Qualified Dietitian

Attractive accommodation available in new Nurses' Residence. Apply to:
Personnel Department,
Kingston General Hospital.

Administrator Available

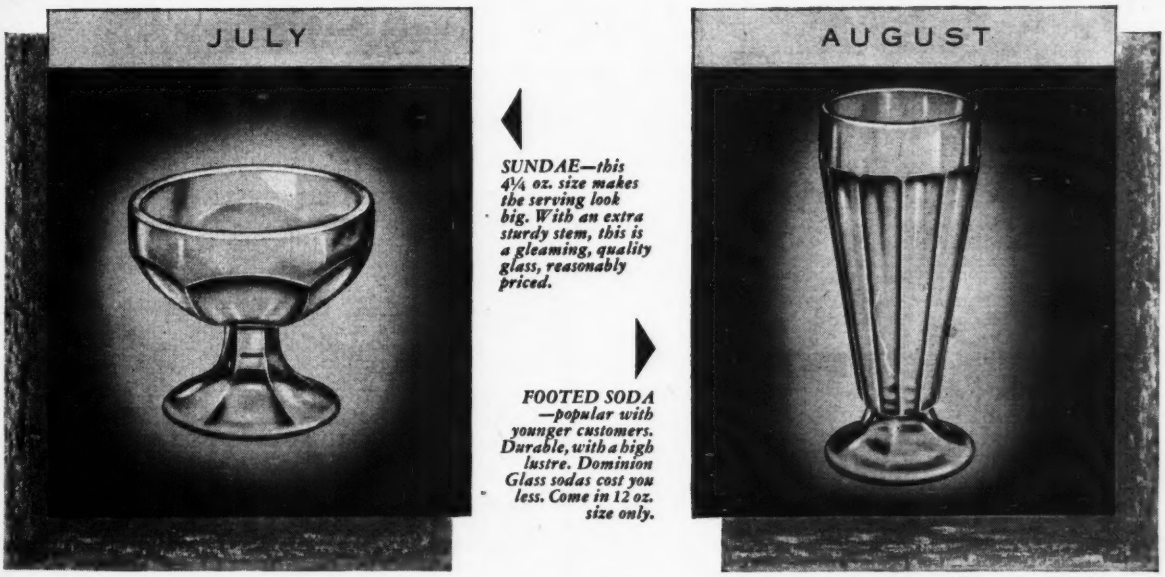
Trained administrator, now completing final year of C.H.A. course in hospital organization and management, seeks position in medium-sized hospital. Unique 10-year background of experience in hospital executive management and accounting. Presently employed as administrator of accredited small hospital, qualified to assume position of greater responsibility. Would consider offer as business manager. Apply Box 416W, The Canadian Hospital, 57 Bloor St. West, Toronto, Ont.

Here come the months of sundaes



TULIP SUNDAE —an all-time favourite. As made by Dominion Glass these are crystal-clear, sparkling, economically priced. Come in 4½ and 6½ oz. sizes.

SUNDAE—this attractive shape comes in 3¼ oz. size. Clear glass, handsomely fluted. Ask your Glassware Distributor for prices. You will be pleased at the small cost.



SUNDAE—this 4¼ oz. size makes the serving look big. With an extra sturdy stem, this is a gleaming, quality glass, reasonably priced.

FOOTED SODA —popular with younger customers. Durable, with a high lustre. Dominion Glass sodas cost you less. Come in 12 oz. size only.

So now is the time to build up your stock of fountain glassware!

Cut your glassware costs

and make more profit from your ice-cream business by using low-cost Dominion Glassware. You will find all the shapes and sizes you want in the big range of quality pressed glassware made by Dominion Glass. It is sturdy, high lustre, and has a sparkling crystal clearness that adds appetite appeal to the sodas and sundaes you serve. Ask your Glassware Distributor to show you this attractive, economical line.

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Wallaceburg, Ont.

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With the Auxiliaries

(Concluded from page 62)

went to the hospital for furnishings for the new nurses' residence. Early this month the auxiliary held their annual fashion show.

• • • •

Hospital Day Cards

A card to be placed on patients' trays on Hospital Day was sold by the National Council of Hospital Auxiliaries of Canada, Inc., to various auxiliaries ordering the cards. Picturing Florence Nightingale and with a quotation from the writings of Cecil Woodham-Smith, the card is a very suitable commemoration of the romantic and selfless genius whose birthday we celebrate as "National Hospital Day" on May 12th.

• • • •

Help Supply Hospital

The Ladies Auxiliary to the Terrace and District Hospital, Terrace, B.C., used most of their 1955 funds for the purchase of equipment and furnishings for the hospital. These included an extractor for the laundry, bedside and overbed tables for the wards, blankets, drapes for the maternity ward, and a microscope. Also ordered was an automatic 50 lb. capacity electric washing machine, chairs and additional tables for the wards.

• • • •

Psychiatric Ward Receives TV Set

Official presentation was made recently to the psychiatric ward of Westminster Hospital, London, Ont., of a 21-inch TV set purchased for the patients by the Legion Auxiliary, No. 109. It provides a real contact with the outside world, as well as bringing hours of enjoyment.

• • • •

"Something old, something new . . ."

A rummage sale with a "new look" brought $362.50 into the coffers of the Nanaimo Hospital Auxiliary, Nanaimo, B.C. They sold quite an assortment of new articles donated by local merchants — which the latter had not been able to sell. They had furniture and good used clothing . . . and home-made pies, of course!

• • • •

Junior Auxiliary Gives $6,000

The Junior Auxiliary to Royal Jubilee Hospital, Victoria, B.C., recently gave $6,000 to the hospital. The sum will be used in rehabilitation work, with $2,500 earmarked for renovation of the gymnasium in the physiotherapy department, $1,240 for two stretchers, and $1,000 for stepping stools to be attached to beds.

• • • •

Popular Program

The Women's Auxiliary of South Waterloo Memorial Hospital, Galt, Ont., has started an educational program for its members this year. With the assistance of the superintendent of nursing, a program has been drawn up which provides a speaker from the various departments of the hospital for each meeting.

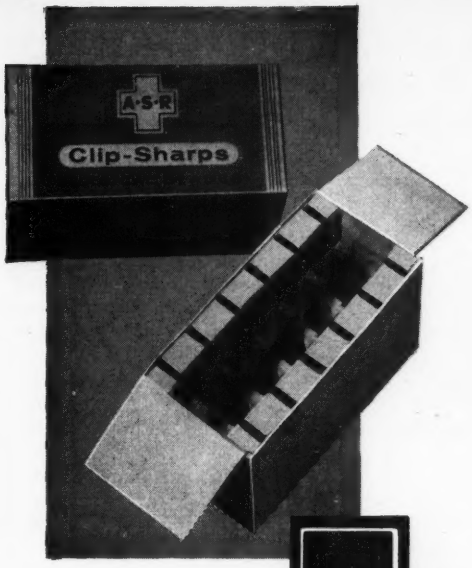
• • • •

Mrs. Anne Grindon

The Nurse Essex Auxiliary to Burnaby General Hospital at Burnaby, B.C., reports with regret the death of Mrs. Anne Grindon, the original Nurse Essex; recalling how in the early days, she pedalled her bicycle over hills and trails at all hours of the day and night to serve the sick.

• • • •

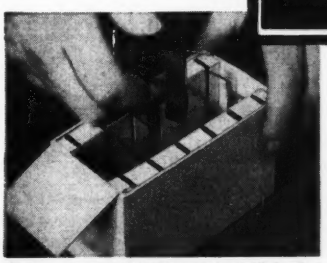
The Maritime Hospital Aids Association occupies a unique position in that it represents the activities of four provinces, among them our newest province, Newfoundland.



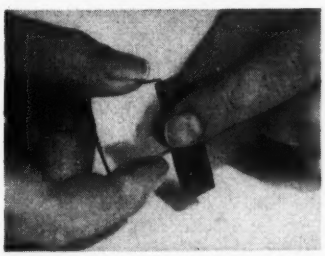
now! quick, easy blade sterilization with

A·S·R Clip-Sharps

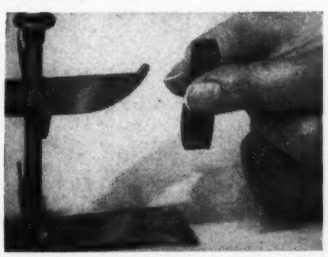
TRADE MARK



Remove cover – hold box in one hand. With other hand lift one wire holder (24 Blades) from box.



Grasp the wire clip between thumb and index finger and squeeze the wire. This releases the tension and enables the blades to be easily removed from the clip.



Holding the blades between thumb and index finger, simply slip them onto the rack. It's quick – and easy!

Clip-Sharps® are convenient wire clips containing 24 unwrapped A.S.R. Command Edge Surgical blades. There are six clips per box, protected by rust inhibiting paper.

Any sterilizing rack and any reliable, non-corrosive sterilizing agent may be used.

If you do not wish to sterilize the entire clip of 24 blades, remove only the required number from the clip and place them on the rack arm.

All A.S.R. Surgical Blades are Sharpometer tested. The A.S.R. Sharpometer, *only* device of its kind, measures the critical edge-fineness of every lot of A.S.R. Surgical Blades. These tests enable A.S.R. to guarantee . . . precise, uniform sharpness and dependability for every single blade!

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News Released by Hospital Supply Houses

By C.A.E.

Fabrilite is new C.I.L. Product

A new vinyl-coated upholstery material said to possess remarkable resilience and an all-directional stretch, has been introduced by the "Fabrikoid" division of Canadian Industries Limited.

Known as "Fabrilite" 1528 eleastic, the material consists of a heavy vinyl coating on a non-woven nylon base which gives it high flex, abrasion and cold-crack resistance as well as unusual flexibilitv. Both laboratory and field tests have shown that this grade of "Fabrilite" is the easiest-to-tailor coated fabric yet produced and possesses high stitch-tear strength and balanced stretch. Like all other "Fabrilite" products, it is easily kept clean with a damp cloth.

The new upholstery material will be produced in a wide variety of colours in several embossings and in both dull and the new burnished anique finishes. It will be available in 54-inch widths.

The manufacturer says that "Fabrilite" 1528 elastic is intended for upholstering furniture for hospitals, hotels, restaurants, offices, institutions and in the home.

Gudebrod Silk Sutures In New Finish

The Cerethermic Finish, an important advance in silk sutures, is announced by the Gudebrod Bros. Silk Co. This new finish is the result of a special heat-treating process developed by Gudebrod technicians, and is further evidence of Gudebrod's continuing efforts to provide the surgeon with more efficient working materials.

The Cerethermic Finish maintains and preserves suture strength after sterilization, provides superior handling qualities, and permits smoothness not before attained. These new sutures make operating room procedures easier for both the surgeon and the O.R. supervisor.

These new sutures with the Cerethermic Finish are supplied colour-coded, in Champion serum-proof silk, in the pre-sterilized Dri-Pak — cut lengths ready for use.

Descriptive literature on these new sutures is available from the Surgical Division of Gudebrod Bros. Silk Co., Inc., 225 W. 34th St., N.Y. 1, N.Y.

Synthetic Foam Padding

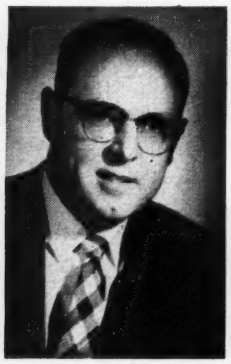
The Polyfoam Division of Leslies Ltd., Walthamstow, London E. 17, have recently produced a new synthetic foam padding material for x-ray work. This material, which has the advantages of being comfortable and practical, is said to permit the passage of x-rays without showing on the plate.

This material is made in the form of 1 in. thick mattresses for use on couches for general abdominal radiography. The same mattress is also used to provide a support and backrest in pelvimetry. The mattress can be rolled around at the head-end to form a pillow.

A thin polythene sheath for use with the Plyfoam x-ray couch cover is also produced by the firm. These are known as Polvslips and are supplied in one size to fit the standard Polvfoam sheet (6 ft. 6 in. x 2 ft. x 1 in.). The

(Concluded on page 104)

A. Bissonnette



W. B. Lee

G. A. Morris

D. Wilson

M. L. Marcil

Johnson & Johnson Appointments

Johnson and Johnson Limited, Montreal, announces the appointment of the above sales representatives to cover the hospital field.

Andre Bissonnettee will represent the Company in Eastern Quebec Province and Gaspe Penninsula, with headquarters in Quebec City.

Walter B. Lee will cover Northern British Columbia, with headquarters in Vancouver.

G. Arthur Morris will cover Eastern and Central Ontario. Mr. Morris will make his headquaters in Toronto.

Donald Wilson will represent the Company in Alberta, with headquarters in Calgary.

Mario L. Marcil, who has had considerable sales experience as an Ethicon Suture consultant for Johnson and Johnson, becomes hospital representative in Montreal and district.

Across the Desk

(Concluded from page 102)

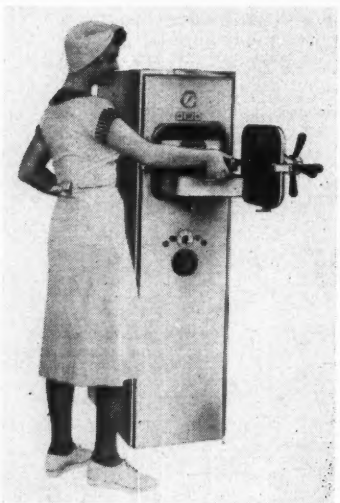
ends of the sheath are left open to allow air to pass in and out when the Polyfoam is compressed.

This product will shortly be introduced to hospitals throughout Canada.

American Automatic Washer Sterilizer

A new automatic washer-pressure sterilizer, designed for faster handling of instruments following surgery, has been released by American Sterilizer Company, Erie, Pa.

The new device employs a turbulent washing action at the effective detergent range of 150 degrees F., followed by pressure steam sterilization at 270



degrees F. It may also be used for 3-minute emergency or 7-minute sterilization of unwrapped instruments. The washing-sterilizing cycle is completely automatic in operation and with average steam and water supply the machine will handle 2 trays of instruments in 22 minutes. The loading trays are interchangeable with those used in the company's recently released High-Speed Instrument Sterilizer.

A special safety lock prevents starting the machine until the door is closed and sealed. The door remains locked until the cycle is completed, the steam exhausted and the switch turned to "off".

The new American Washer-Sterilizer is said to save substantial amounts of personnel time otherwise required for scrubbing instruments by hand.

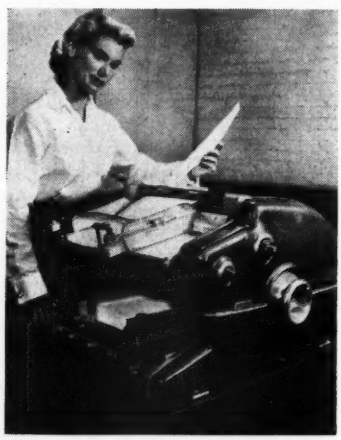
A condenser exhaust eliminates the need for a vent stack connection and simplifies installation at any convenient location in the surgical suite. Complete details are available in Bulletin C177 offered by the company.

Ditto Premiers Automatic Offset Duplicator

Print shop clarity, it is claimed, is brought to office duplicating for the first time by this new offset duplicator introduced in Toronto by Ditto of Canada, Limited. The machine is the first offset duplicator designed specifically for office use. Features include all-electric operating controls, front feed and delivery, self-regulating paper feeder, and automatic ink build-up control. The machine can be used for systems work as well as general duplicating.

Using the control, the operator will simply load the machine with paper, set the regulator for the number of copies needed, and push a button. Automatically, the machine will turn itself on, paper will rise in feeding position, ink and moisture begin to flow, cylinders turn, and finished copies roll out at the rate of up to 8,000 copies per hour.

When the specified number of copies has been run off, the machine will shut itself off. As few as one, or as many as 25,000 copies, may be duplicated automatically this way.



Descriptive literature available from Ditto of Canada Limited, Toronto 14, Ontario.

Suture Silk Created in D & G Laboratory

Davis & Geck, Inc., of Danbury, Connecticut, a unit of American Cyanamid Company, announces the release of a booklet entitiled "Now A True Suture Silk Created in D & G's Own Suture Laboratories". This booklet details the significant advantages accomplished through manufacture of silk sutures under controlled conditions.

The interesting step-by-step silk manufacturing procedure is shown. It also points out the surprising fact that a 10 ft. strand of 4-0 silk of the quality required by D & G's exacting standards actually takes one hour to produce. Various forms in which this high quality D & G Anacap (R) silk have been packaged are shown including the recently announced Surgilope (R) Sterile Suture Pack, which provides better patient care through the elimination of glass tubes.

Lederle Antibiotic Kit

Designed as a convenient addition to the physician's bag, this compact leatherette kit, containing five 100 mg. vials of the broad spectrum antibiotic Achromycin tetracycline for intramuscular use and five vials of diluent, is now available from Lederle

Laboratories Division, North American Cyanamid Limited, Montreal, Quebec.

Of particular value in emergency cases, where immediate antibiotic therapy is required, the kit provides maximum dosage for a one-day treatment.

Each vial contains: Tetracycline HCl 100 mg., Procaine HCl 40 mg., Magnesium Chloride 46.84 mg., Ascorbic Acid 250 mg.

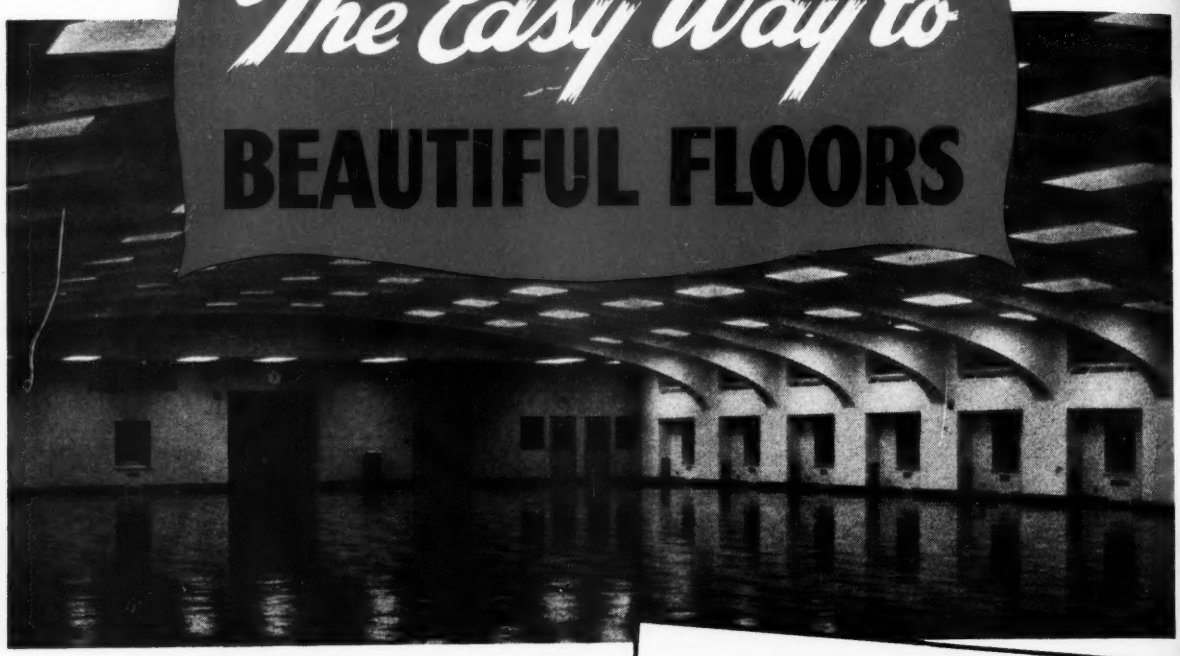
Portable Electric Plants For Lawn Maintenance

A new line of portable electric generating plants, specially designed for lawn and turf maintenance use, has recently been announced by D. W. Onan & Sons Inc., Minneapolis.

Ranging in size from 750 to 2500 Watts A.C., these low-cost, gasoline-driven electric plants provide reliable on-the-spot power for electrically operated grass shears, hedge trimmers and other appliances.

Completely Onan-built, these power-packed portable plants are extremely compact, quick to start and simple to operate.

The Easy Way to BEAUTIFUL FLOORS



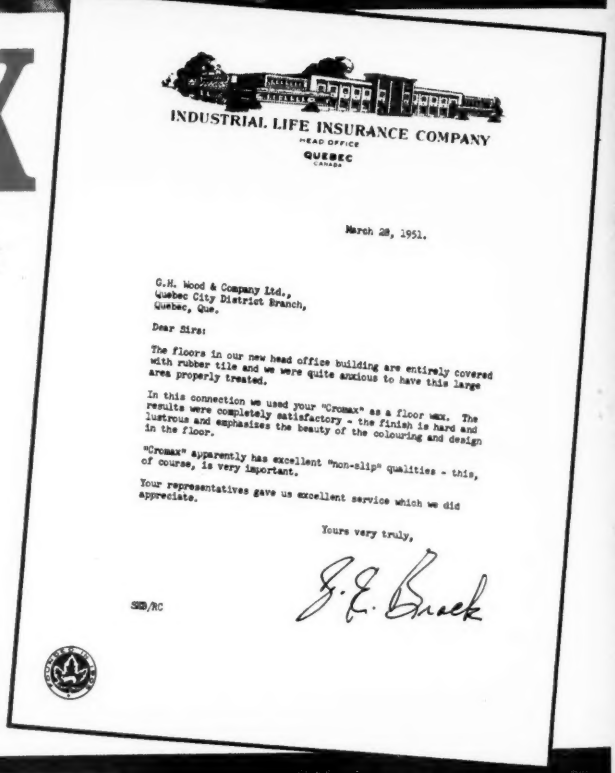
CROMAX

Liquid Floor Wax

Give your floors a gleaming protective finish that is hard, durable and non-slip, with CROMAX Liquid Floor Wax. Your beautiful floors will stay beautiful.

CROMAX is a water emulsion wax made from pure Carnauba Wax. It is non-flammable . . . economical . . . and easy to use. Contains no solvents or fillers of any kind. CROMAX is especially prepared for the treatment of Rubber, Linoleum and Mastic Tile floors.

CROMAX is excellent for use in offices . . . schools . . . hospitals . . . hotels . . . apartments . . . and wherever heavy traffic occurs.



INDUSTRIAL LIFE INSURANCE COMPANY
HEAD OFFICE
QUEBEC
CANADA

March 28, 1951.

G.H. Wood & Company Ltd.,
Quebec City District Branch,
Quebec, Que.

Dear Sirs:

The floors in our new head office building are entirely covered with rubber tile and we were quite anxious to have this large area properly treated.

In this connection we used your "Cromax" as a floor wax. The results were completely satisfactory - the finish is hard and lustrous and emphasizes the beauty of the colouring and design in the floor.

"Cromax" apparently has excellent "non-slip" qualities - this, of course, is very important.

Your representatives gave us excellent service which we did appreciate.

Yours very truly,

J. E. Brack

SEB/RC

TORONTO
MONTREAL
VANCOUVER

Wood's SANITATION FOR THE NATION

BRANCHES
THROUGHOUT
CANADA

G. H. WOOD & COMPANY LIMITED